

SERFF Tracking Number: AENX-G128046664 State: Arkansas
Filing Company: Aetna Life Insurance Company State Tracking Number:
Company Tracking Number: AR053270100004
TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.001 Student
Product Name: 2011 SH- Prescribed Medicine Expense (ALIC)
Project Name/Number: 2011 SH- Prescribed Medicine Expense (ALIC)/AR053270100004

Filing at a Glance

Company: Aetna Life Insurance Company

Product Name: 2011 SH- Prescribed Medicine Expense (ALIC) SERFF Tr Num: AENX-G128046664 State: Arkansas

TOI: H04 Health - Blanket Accident/Sickness SERFF Status: Closed-Approved-Closed State Tr Num:

Sub-TOI: H04.001 Student Co Tr Num: AR053270100004 State Status: Approved-Closed

Filing Type: Form
Author: SPI AetnaSPI
Date Submitted: 01/31/2012
Reviewer(s): Rosalind Minor
Disposition Date: 02/02/2012
Disposition Status: Approved-Closed

Implementation Date Requested: 01/31/2012

Implementation Date:

State Filing Description:

General Information

Project Name: 2011 SH- Prescribed Medicine Expense (ALIC)

Project Number: AR053270100004

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Blanket

Filing Status Changed: 02/02/2012

State Status Changed: 02/02/2012

Created By: SPI AetnaSPI

Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

The new forms describe expanded options under the Prescribed Medicine Expense Coverage currently available under Blanket Student Medical Plans. Many of the features already included in Major Medical, PPO and HMO plans are incorporated into these forms. Upon approval, the following features will be supported:

1. A retail pharmacy option that will not require refills at a mail order pharmacy. This option will allow prescription refills to continue to be filled at a retail pharmacy, but at a higher copayment.

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Overall Rate Impact:

Deemer Date:

Submitted By: SPI AetnaSPI

SERFF Tracking Number: AENX-G128046664 State: Arkansas
 Filing Company: Aetna Life Insurance Company State Tracking Number:
 Company Tracking Number: AR053270100004
 TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.001 Student
 Product Name: 2011 SH- Prescribed Medicine Expense (ALIC)
 Project Name/Number: 2011 SH- Prescribed Medicine Expense (ALIC)/AR053270100004

2. An optional benefit to allow coverage for oral, injectable and infusion specialty drugs through a specialty pharmacy network.
3. Additional and expanded optional copay ranges for dollar and percentage copays.
4. An option to exclude brand name prescription drugs and include mandatory generic prescription drug coverage.
5. An option to exclude drugs in a therapeutic class.

In addition the forms will add new language for Precertification and Step Therapy similar to language included in Major Medical, PPO and HMO plans.

Company and Contact

Filing Contact Information

John Ciesielski, Product and Regulatory Approvals Manager
 151 Farmington Avenue
 Mail Stop RW61
 Hartford, CT 06156
 CiesielskiJW@Aetna.com
 860-279-1282 [Phone]
 860-952-2069 [FAX]

Filing Company Information

Aetna Life Insurance Company
 151 Farmington Avenue
 Hartford, CT 06156
 (860) 273-7546 ext. [Phone]

 CoCode: 60054
 Group Code: 1
 Group Name: Aetna
 FEIN Number: 06-6033492
 State of Domicile: Connecticut
 Company Type:
 State ID Number:

Filing Fees

Fee Required? Yes
 Fee Amount: \$1,250.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Aetna Life Insurance Company	\$1,250.00	01/31/2012	55942670

SERFF Tracking Number: AENX-G128046664 State: Arkansas

Filing Company: Aetna Life Insurance Company State Tracking Number:

Company Tracking Number: AR053270100004

TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.001 Student

Product Name: 2011 SH- Prescribed Medicine Expense (ALIC)

Project Name/Number: 2011 SH- Prescribed Medicine Expense (ALIC)/AR053270100004

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	02/02/2012	02/02/2012

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	02/01/2012	02/01/2012	SPI AetnaSPI	02/02/2012	02/02/2012

SERFF Tracking Number: *AENX-G128046664* *State:* *Arkansas*
Filing Company: *Aetna Life Insurance Company* *State Tracking Number:*
Company Tracking Number: *AR053270100004*
TOI: *H04 Health - Blanket Accident/Sickness* *Sub-TOI:* *H04.001 Student*
Product Name: *2011 SH- Prescribed Medicine Expense (ALIC)*
Project Name/Number: *2011 SH- Prescribed Medicine Expense (ALIC)/AR053270100004*

Disposition

Disposition Date: 02/02/2012

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AENX-G128046664 State: Arkansas

Filing Company: Aetna Life Insurance Company State Tracking Number:

Company Tracking Number: AR053270100004

TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.001 Student

Product Name: 2011 SH- Prescribed Medicine Expense (ALIC)

Project Name/Number: 2011 SH- Prescribed Medicine Expense (ALIC)/AR053270100004

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Cover Letter, Attachment A	Approved-Closed	Yes
Supporting Document	EOV GR-96134 ED. 12-11 Section 1 General Comments, EOV GR-96134 3545 ED. 12-11, EOV GR-96134 3550 ED. 12-11, EOV GR-96134 3555 ED. 12- 11, EOV GR-96134 3560 ED. 12-11, EOV GR-96134 ED. 12-11 Section 2 General Comments, EOV GR-96134 ED. 12-11 Section , ...	Approved-Closed	Yes
Form	Rx Expense Coverage	Approved-Closed	Yes
Form	Rx Schedule of Benefits	Approved-Closed	Yes
Form (revised)	Rx Covered Percentages. Out of Pocket Limits	Approved-Closed	Yes
Form	Rx Covered Percentages. Out of Pocket Limits	Replaced	Yes
Form	Rx Maximum Benefits	Approved-Closed	Yes
Form	Brand-Name Prescription Drug	Approved-Closed	Yes
Form	Generic Prescription Drug	Approved-Closed	Yes
Form	Injectable Drug	Approved-Closed	Yes
Form	Non-Preferred Drug	Approved-Closed	Yes
Form	Preferred Drug	Approved-Closed	Yes
Form	Preferred Drug Exclusion List	Approved-Closed	Yes
Form	Preferred Drug List	Approved-Closed	Yes
Form	Prescription Drug	Approved-Closed	Yes
Form	Provider	Approved-Closed	Yes
Form	Self-Injectable Drug	Approved-Closed	Yes
Form	Specialty Care Drugs	Approved-Closed	Yes
Form	Specialty Pharmacy Network	Approved-Closed	Yes
Form	Prescribed Medicines Expenses	Approved-Closed	Yes
Form	Accessing Pharmacies, Emergency Prescriptions	Approved-Closed	Yes
Form	Outpatient Prescription Drugs	Approved-Closed	Yes
Form	Additional Covered Expenses	Approved-Closed	Yes

<i>SERFF Tracking Number:</i>	<i>AENX-G128046664</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Aetna Life Insurance Company</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	<i>AR053270100004</i>		
<i>TOI:</i>	<i>H04 Health - Blanket Accident/Sickness</i>	<i>Sub-TOI:</i>	<i>H04.001 Student</i>
<i>Product Name:</i>	<i>2011 SH- Prescribed Medicine Expense (ALIC)</i>		
<i>Project Name/Number:</i>	<i>2011 SH- Prescribed Medicine Expense (ALIC)/AR053270100004</i>		

Form	Precertification and Step Therapy	Approved-Closed	Yes
Form	Limitations	Approved-Closed	Yes
Form	Exclusions	Approved-Closed	Yes
Form	Discount Arrangements	Approved-Closed	Yes
Form	Incentives	Approved-Closed	Yes

SERFF Tracking Number: AENX-G128046664 State: Arkansas
Filing Company: Aetna Life Insurance Company State Tracking Number:
Company Tracking Number: AR053270100004
TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.001 Student
Product Name: 2011 SH- Prescribed Medicine Expense (ALIC)
Project Name/Number: 2011 SH- Prescribed Medicine Expense (ALIC)/AR053270100004

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 02/01/2012
Submitted Date 02/01/2012

Respond By Date

Dear John Ciesielski,

This will acknowledge receipt of the captioned filing.

Objection 1

- Rx Covered Percentages. Out of Pocket Limits, GR-96134 3555 ED. 12-11 (Form)

Comment:

The prescription drug out-of-pocket limit with respect to Preferred Care and Non-Preferred care appears, that in some cases, the difference in benefits payable will not be in compliance with our Bulletin 9-85 which states that there can be no more than a 25% differential in payment.

It is requested that you certify that all benefits payable for Preferred Care and Non-Preferred Care complies with Bulletin 9-85.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

SERFF Tracking Number: AENX-G128046664 State: Arkansas
 Filing Company: Aetna Life Insurance Company State Tracking Number:
 Company Tracking Number: AR053270100004
 TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.001 Student
 Product Name: 2011 SH- Prescribed Medicine Expense (ALIC)
 Project Name/Number: 2011 SH- Prescribed Medicine Expense (ALIC)/AR053270100004

Response Letter

Response Letter Status Submitted to State
 Response Letter Date 02/02/2012
 Submitted Date 02/02/2012

Dear Rosalind Minor,

Comments:

Dear Rosalind Minor

Response 1

Comments: The benefit levels for Non-Preferred Care will be no more than 25% less than the benefit levels for Preferred Care as required by Arkansas Bulletin 98-5. In addition, the schedule of benefits section with regard to preferred out of pocket limits has been revised to provide that the difference in benefits levels payable will remain within the required 25% differential

Related Objection 1

Applies To:

- Rx Covered Percentages. Out of Pocket Limits, GR-96134 3555 ED. 12-11 (Form)

Comment:

The prescription drug out-of-pocket limit with respect to Preferred Care and Non-Preferred care appears, that in some cases, the difference in benefits payable will not be in compliance with our Bulletin 9-85 which states that there can be no more than a 25% differential in payment.

It is requested that you certify that all benefits payable for Preferred Care and Non-Preferred Care complies with Bulletin 9-85.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document

SERFF Tracking Number: AENX-G128046664 State: Arkansas
 Filing Company: Aetna Life Insurance Company State Tracking Number:
 Company Tracking Number: AR053270100004
 TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.001 Student
 Product Name: 2011 SH- Prescribed Medicine Expense (ALIC)
 Project Name/Number: 2011 SH- Prescribed Medicine Expense (ALIC)/AR053270100004

Rx Covered	GR-96134	Policy/Contract/Fraternal Initial	0.000	AL AR
Percentages. Out of	3555 ED.	Certificate		ASTUD00
Pocket Limits	12-11			3555
				V001.PDF

Previous Version

Rx Covered	GR-96134	Policy/Contract/Fraternal Initial	0.000	AL GE
Percentages. Out of	3555 ED.	Certificate		ASTUD00
Pocket Limits	12-11			3555
				V001.PDF

No Rate/Rule Schedule items changed.

Please contact me if you have any additional concerns or questions.

845 279 1282

Sincerely,
 SPI AetnaSPI

SERFF Tracking Number: AENX-G128046664 State: Arkansas

Filing Company: Aetna Life Insurance Company State Tracking Number:

Company Tracking Number: AR053270100004

TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.001 Student

Product Name: 2011 SH- Prescribed Medicine Expense (ALIC)

Project Name/Number: 2011 SH- Prescribed Medicine Expense (ALIC)/AR053270100004

Form Schedule

Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved- Closed 02/02/2012	GR-96134 3545 ED. 12-11	Policy/Cont Rx Expense ract/Fratern Coverage al Certificate		Initial		0.000	AL GE ASTUD00354 5 V001.PDF
Approved- Closed 02/02/2012	GR-96134 3550 ED. 12-11	Policy/Cont Rx Schedule of ract/Fratern Benefits al Certificate		Initial		0.000	AL GE ASTUD00355 0 V001.PDF
Approved- Closed 02/02/2012	GR-96134 3555 ED. 12-11	Policy/Cont Rx Covered ract/Fratern Percentages. Out of al Pocket Limits Certificate		Initial		0.000	AL AR ASTUD00355 5 V001.PDF
Approved- Closed 02/02/2012	GR-96134 3560 ED. 12-11	Policy/Cont Rx Maximum ract/Fratern Benefits al Certificate		Initial		0.000	AL GE ASTUD00356 0 V001.PDF
Approved- Closed 02/02/2012	GR-96134 1650 ED. 12-11	Policy/Cont Brand-Name ract/Fratern Prescription Drug al Certificate		Initial		0.000	AL GE ASTUD00165 0 V001.PDF
Approved- Closed 02/02/2012	GR-96134 1735 ED. 12-11	Policy/Cont Generic Prescription ract/Fratern Drug al Certificate		Initial		0.000	AL GE ASTUD00173 5 V001.PDF
Approved- Closed 02/02/2012	GR-96134 1783 Ed. 12-11	Policy/Cont Injectable Drug ract/Fratern al Certificate		Initial		0.000	AL GE ASTUD00178 3 V001.PDF
Approved- Closed 02/02/2012	GR-96134 1834 ED. 12-11	Policy/Cont Non-Preferred Drug ract/Fratern al		Initial		0.000	AL GE ASTUD00183 4 V001.PDF

SERFF Tracking Number: AENX-G128046664 State: Arkansas
Filing Company: Aetna Life Insurance Company State Tracking Number:
Company Tracking Number: AR053270100004
TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.001 Student
Product Name: 2011 SH- Prescribed Medicine Expense (ALIC)
Project Name/Number: 2011 SH- Prescribed Medicine Expense (ALIC)/AR053270100004

Approved- GR-96134	Policy/Cont Preferred Drug	Initial	0.000	AL GE
Closed 1886 ED.	ract/Fratern			ASTUD00188
02/02/2012 12-11	al			6 V001.PDF
	Certificate			
Approved- GR-96134	Policy/Cont Preferred Drug	Initial	0.000	AL GE
Closed 1887 ED.	ract/Fratern Exclusion List			ASTUD00188
02/02/2012 12-11	al			7 V001.PDF
	Certificate			
Approved- GR-96134	Policy/Cont Preferred Drug List	Initial	0.000	AL GE
Closed 1888 ED.	ract/Fratern			ASTUD00188
02/02/2012 12-11	al			8 V001.PDF
	Certificate			
Approved- GR-96134	Policy/Cont Prescription Drug	Initial	0.000	AL GE
Closed 1915 ED.	ract/Fratern			ASTUD00191
02/02/2012 12-11	al			5 V001.PDF
	Certificate			
Approved- GR-96134	Policy/Cont Provider	Initial	0.000	AL GE
Closed 1923 ED.	ract/Fratern			ASTUD00192
02/02/2012 12-11	al			3 V001.PDF
	Certificate			
Approved- GR-96134	Policy/Cont Self-Injectable Drug	Initial	0.000	AL GE
Closed 1963 ED.	ract/Fratern			ASTUD00196
02/02/2012 12-11	al			3 V001.PDF
	Certificate			
Approved- GR-96134	Policy/Cont Specialty Care Drugs	Initial	0.000	AL GE
Closed 1986 ED.	ract/Fratern			ASTUD00198
02/02/2012 12-11	al			6 V001.PDF
	Certificate			
Approved- GR-96134	Policy/Cont Specialty Pharmacy	Initial	0.000	AL GE
Closed 1987 ED.	ract/Fratern Network			ASTUD00198
02/02/2012 12-11	al			7 V001.PDF
	Certificate			
Approved- GR-96134	Policy/Cont Prescribed Medicines	Initial	43.300	AL GE
Closed 3500 ED.	ract/Fratern Expenses			ASTUD00350
02/02/2012 12-11	al			0 V001.PDF
	Certificate			
Approved- GR-96134	Policy/Cont Accessing	Initial	43.300	AL GE

SERFF Tracking Number:	AENX-G128046664	State:	Arkansas
Filing Company:	Aetna Life Insurance Company	State Tracking Number:	
Company Tracking Number:	AR053270100004		
TOI:	H04 Health - Blanket Accident/Sickness	Sub-TOI:	H04.001 Student
Product Name:	2011 SH- Prescribed Medicine Expense (ALIC)		
Project Name/Number:	2011 SH- Prescribed Medicine Expense (ALIC)/AR053270100004		
Closed 3505 ED.	ract/Fratern Pharmacies,		ASTUD00350
02/02/2012 12-11	al Emergency		5 V001.PDF
	Certificate Prescriptions		
Approved- GR-96134	Policy/Cont Outpatient	Initial	43.300
Closed 3510 ED.	ract/Fratern Prescription Drugs		AL GE
02/02/2012 12-11	al		ASTUD00351
	Certificate		0 V001.PDF
Approved- GR-96134	Policy/Cont Addtional Covered	Initial	43.300
Closed 3515 ED.	ract/Fratern Expenses		AL GE
02/02/2012 12-11	al		ASTUD00351
	Certificate		5 V001.PDF
Approved- GR-96134	Policy/Cont Precertification and	Initial	43.300
Closed 3520 ED.	ract/Fratern Step Therapy		AL GE
02/02/2012 12-11	al		ASTUD00352
	Certificate		0 V001.PDF
Approved- GR-96134	Policy/Cont Limitations	Initial	43.300
Closed 3525 ED.	ract/Fratern		AL GE
02/02/2012 12-11	al		ASTUD00352
	Certificate		5 V001.PDF
Approved- GR-96134	Policy/Cont Exclusions	Initial	43.300
Closed 3530 ED.	ract/Fratern		AL GE
02/02/2012 12-11	al		ASTUD00353
	Certificate		0 V001.PDF
Approved- GR-96134	Policy/Cont Discount	Initial	43.300
Closed 2092 ED.	ract/Fratern Arrangements		AL GE
02/02/2012 12-11	al		ASTUD00209
	Certificate		2 V001.PDF
Approved- GR-96134	Policy/Cont Incentives	Initial	43.300
Closed 2093 ED.	ract/Fratern		AL GE
02/02/2012 12-11	al		ASTUD00209
	Certificate		3 V001.PDF

**[STUDENT ACCIDENT AND SICKNESS INSURANCE]
[SECTION 1 - SCHEDULE OF BENEFITS]
[PRESCRIBED MEDICINES]**

[COVERAGE]	BENEFIT AMOUNT	
	[Preferred Care]	[Non-Preferred Care]
[Generic][Brand-Name] [Prescription Drug [Policy year] Deductible]	[\$0 - \$1000 Individual] [\$0 - \$3000 Family]	[\$0 - \$1000] Individual] [\$0 - \$3000 Family]

[Prescription Drug [Policy year] Deductible]

After **prescription drug covered medical expenses** reach the individual **prescription drug [policy year] deductible**, the plan will begin to pay benefits for **prescription drug covered medical expenses** for that **covered person** for the rest of the **[policy year]**.

The individual **prescription drug [policy year] deductible** applies to **[preferred care]** and **[non-preferred care]** **prescription drug covered medical expenses** combined. [The **prescription drug [policy year] deductible** applies to **all prescription drug covered medical expenses** except, **[generic prescription drugs; brand-name prescription drugs; preferred drugs; diabetic drugs and supplies.]**]

[[Preferred Care] Prescription Drug [Policy year] Deductible]

After **[preferred care] prescription drug covered medical expenses** reach the individual **[preferred care] prescription drug [policy year] deductible**, the plan will begin to pay benefits for **[preferred care] prescription drug covered medical expenses** for that **covered person** for the rest of the **[policy year]**.

[The individual **[preferred care] prescription drug [policy year] deductible** applies to all **[preferred care] prescription drug covered medical expenses** except, **[generic prescription drugs; brand-name prescription drugs; preferred drugs; non-preferred drugs; diabetic drugs and supplies.]**]

[[Non-Preferred Care] Prescription Drug [Policy year] Deductible]

After **[non-preferred care] prescription drug covered medical expenses** reach the individual **[non-preferred] prescription drug [policy year] deductible**, the plan will begin to pay benefits for **[non-preferred care] prescription drug covered medical expenses** for that **covered person** for the rest of the **[policy year]**.

[The **[non-preferred care] prescription drug [policy year] deductible** applies to all **[non-preferred care] prescription drug covered medical expenses** except, **[generic prescription drugs; brand-name prescription] drugs; preferred drugs; non-preferred drugs; diabetic drugs and supplies.]**]

[Generic [Preferred; Non-Preferred] Prescription Drug [Policy year] Deductible]

After **generic [preferred; non-preferred] prescription drug covered medical expenses** reach the **generic [preferred; non-preferred] prescription drug [policy year] deductible**, the plan will begin to pay benefits for **generic [preferred; non-preferred] prescription drug covered medical expenses** for that **covered person** for the rest of the **[policy year]**. The **generic [preferred; non-preferred] prescription drug [policy year] deductible** applies to **[preferred care]** and **[non-preferred care]** **generic [preferred; non-preferred] prescription drug covered medical expenses** combined.]

[Generic [Preferred Care] Prescription Drug [Policy year] Deductible]

After **generic [preferred care] prescription drug covered medical expenses** reach the individual **generic [preferred care] prescription drug [policy year] deductible**, the plan will begin to pay benefits for **generic [preferred care] prescription drug covered medical expenses** for that **covered person** for the rest of the **[policy year]**.

**[STUDENT ACCIDENT AND SICKNESS INSURANCE]
[SECTION 1 - SCHEDULE OF BENEFITS]
[PRESCRIBED MEDICINES]**

[The generic [preferred care] prescription drug [policy year] deductible applies to all [preferred care] prescription drug covered medical expenses except, [brand-name prescription drugs; non-preferred drugs; diabetic drugs and supplies.]]

[Generic [Non-Preferred Care] Prescription Drug [Policy year] Deductible]

After generic [non-preferred care] prescription drug covered medical expenses reach the individual generic [non-preferred care] prescription drug [policy year] deductible, the plan will begin to pay benefits for generic [non-preferred care] prescription drug covered medical expenses for that covered person for the rest of the [policy year].

[The generic [non-preferred care] prescription drug [policy year] deductible applies to all [non-preferred care] prescription drug covered medical expenses except, [brand-name prescription drugs; preferred drugs; diabetic drugs and supplies.]]

[Brand-Name [Preferred; Non-Preferred] [Prescription] Drug [Policy Year] Deductible]

After brand-name [preferred; non-preferred] prescription drug covered medical expenses reach the individual brand-name [preferred; non-preferred] prescription drug [policy year] deductible, the plan will begin to pay benefits for that covered person for brand-name [preferred; non-preferred] prescription drug covered medical expenses for the rest of the [policy year]. The prescription drug deductible applies to [preferred care] and [non-preferred care] brand-name [preferred; non-preferred] prescription drug covered medical expenses combined.]

[Brand-Name [Preferred Care] Prescription Drug [Policy Year] Deductible]

After brand-name [preferred care] prescription drug covered medical expenses reach the individual brand-name [preferred care] prescription drug [policy year] deductible, the plan will begin to pay benefits for brand-name [preferred care] prescription drug covered medical expenses for that covered person for the rest of the [policy year].

[The brand-name [preferred care] prescription drug [policy year] deductible applies to all [preferred care] prescription drug covered medical expenses except, [generic prescription drugs; non-preferred drugs; diabetic drugs and supplies.]]

[Brand-Name [Non-Preferred Care] Prescription Drug [Policy Year] Deductible]

After brand-name [non-preferred care] prescription drug covered medical expenses reach the individual brand-name [non-preferred care] prescription drug [policy year] deductible, the plan will begin to pay benefits for brand-name [non-preferred care] prescription drug covered medical expenses for that covered person for the rest of the [policy year].

[The brand-name [non-preferred care] prescription drug [policy year] deductible applies to all [non-preferred care] prescription drug covered medical expenses except, [generic prescription drugs; preferred drugs; diabetic drugs and supplies.]]

**[STUDENT ACCIDENT AND SICKNESS INSURANCE]
[SECTION 1 - SCHEDULE OF BENEFITS]
[PRESCRIBED MEDICINES]**

[Prescription Drug [Policy year] Family [Deductible] [Limit]

[Prescription drug covered medical expenses that apply toward the prescription drug [policy year] deductible for the covered student and each of their covered dependents also count toward the prescription drug [policy year] family deductible. Covered persons will have met their prescription drug [policy year] family deductible for the rest of the [policy year] once the combined prescription drug covered medical expenses reach the prescription drug [policy year] family deductible in a [policy year].]

[[Two] [Three] covered persons must individually meet their individual prescription drug [policy year] deductible limit in order to satisfy the prescription drug [policy year] family deductible limit. When this happens in a [policy year], the prescription drug [policy year] deductibles for all covered persons will have been satisfied for the rest of the [policy year].]

[[Preferred Care] Prescription Drug [Policy Year] Family Deductible [Limit]

[Covered medical expenses that apply toward the [preferred care] prescription drug [policy year] deductible for the covered student and each of their covered dependents also count toward the [preferred care] prescription drug [policy year] family deductible. Covered persons will have met their [preferred care] prescription drug [policy year] family deductible for the rest of the [policy year] once the combined [preferred care] prescription drug covered medical expenses reach the [preferred care] prescription drug [policy year] family deductible in a [policy year].]

[[Two] [Three] covered persons must individually meet their individual prescription drug [policy year] deductible limit in order to satisfy the prescription drug [policy year] family deductible limit. When this happens in a [policy year], the [preferred care] prescription drug [policy year] deductibles for all covered persons will have been met for the rest of the [policy year].]

[[Non-Preferred Care] Prescription Drug [Policy Year] Family Deductible [Limit]

[Covered medical expenses that apply toward the [non-preferred care] prescription drug [policy year] deductible for the covered student and each of their covered dependents also count toward the [non-preferred care] prescription drug [policy year] family deductible. Covered persons will have met their [non-preferred care] prescription drug [policy year] family deductible for the rest of the [policy year] once the combined [non-preferred care] prescription drug covered medical expenses reaches the [non-preferred care] prescription drug [policy year] family deductible in a [policy year]

[[Two] [Three] covered persons must individually meet their individual prescription drug [policy year] deductible limit in order to satisfy the prescription drug [policy year] family deductible limit. When this happens in a [policy year], the [non-preferred care] prescription drug [policy year] deductibles for all covered persons will have been met for the rest of the [policy year].]

[Brand-Name Prescription Drug [Policy Year] Family [Deductible] [Limit]

[Prescription drug covered medical expenses that apply toward the brand-name prescription drug [policy year] deductible for the covered student and each of their covered dependents also count toward the brand-name prescription drug [policy year] family deductible. Covered persons will have met their brand-name prescription drug [policy year] family deductible for the rest of the [policy year] once the combined brand-name prescription drug covered medical expenses reach the brand-name prescription drug [policy year] family deductible in a [policy year].]

[[Two] [Three] covered persons must individually meet their brand-name prescription drug [policy year] deductible limit in order to satisfy the brand-name prescription drug [policy year] family deductible limit. When this happens in a [policy year], the brand-name prescription drug [policy year] deductibles for all covered persons will have been satisfied for the rest of the [policy year].]

[[Brand-Name Preferred Care] Prescription Drug [Policy Year] Family Deductible [Limit]

[Covered medical expenses that apply toward the brand-name [preferred care] prescription drug [policy year] deductible for the covered student and each of their covered dependents also count toward the brand-name [preferred care] prescription drug [policy year] family deductible. Covered persons will have met their brand-name [preferred care] prescription drug [policy year] family deductible for the rest of the [policy year] once the combined brand-name

**[STUDENT ACCIDENT AND SICKNESS INSURANCE]
[SECTION 1 - SCHEDULE OF BENEFITS]
[PRESCRIBED MEDICINES]**

[preferred care] prescription drug covered medical expenses reach the **brand-name [preferred care] prescription drug [policy year] family deductible** in a **[policy year].]**

[[Two] [Three] covered persons must individually meet their **brand-name prescription drug [policy year] deductible** limit in order to satisfy the **brand-name prescription drug [policy year] family deductible limit**. When this happens in a **[policy year]**, the **brand-name [preferred care] prescription drug [policy year] deductibles** for all **covered persons** will have been met for the rest of the **[policy year].]**

[Brand-Name [Non-Preferred Care] Prescription Drug [Policy Year] Family Deductible [Limit]

[Covered medical expenses that apply toward the **brand-name [non-preferred care] prescription drug [policy year] deductible** for the **covered student** and each of their **covered dependents** also count toward the **brand-name [non-preferred care] prescription drug [policy year] family deductible**. **Covered persons** will have met their **brand-name [non-preferred care] prescription drug [policy year] family deductible** for the rest of the **[policy year]** once the combined **brand-name [non-preferred care] prescription drug covered medical expenses** reaches the **brand-name [non-preferred care] prescription drug [policy year] family deductible** in a **[policy year]**

[[Two] [Three] covered persons must individually meet their **brand-name prescription drug [policy year] deductible** limit in order to satisfy the **brand-name prescription drug [policy year] family deductible limit**. When this happens in a **[policy year]**, the **brand-name [non-preferred care] prescription drug [policy year] deductibles** for all **covered persons** will have been met for the rest of the **[policy year].]**

[Generic Prescription Drug [Policy Year] Family [Deductible] [Limit]

[Prescription drug covered medical expenses that apply toward the **generic prescription drug [policy year] deductible** for the **covered student** and each of their **covered dependents** also count toward the **generic prescription drug [policy year] family deductible**. **Covered persons** will have met their **generic prescription drug [policy year] family deductible** for the rest of the **[policy year]** once the combined **generic prescription drug covered medical expenses** reach the **generic prescription drug [policy year] family deductible** in a **[policy year].]**

[[Two] [Three] covered persons must individually meet their **generic prescription drug [policy year] deductible** limit in order to satisfy the **generic prescription drug [policy year] family deductible limit**. When this happens in a **[policy year]**, the **generic prescription drug [policy year] deductibles** for all **covered persons** will have been satisfied for the rest of the **[policy year].]**

[[Generic [Preferred Care] Prescription Drug [Policy Year] Family Deductible [Limit]

[Covered medical expenses that apply toward the **generic [preferred care] prescription drug [policy year] deductible** for the **covered student** and each of their **covered dependents** also count toward the **generic [preferred care] prescription drug [policy year] family deductible**. **Covered persons** will have met their **generic [preferred care] prescription drug [policy year] family deductible** for the rest of the **[policy year]** once the combined **generic [preferred care] prescription drug covered medical expenses** reach the **generic [preferred care] prescription drug [policy year] family deductible** in a **[policy year].]**

[[Two] [Three] covered persons must individually meet their **generic prescription drug [policy year] deductible** limit in order to satisfy the **generic prescription drug [policy year] family deductible limit**. When this happens in a **[policy year]**, the **generic [preferred care] prescription drug [policy year] deductibles** for all **covered persons** will have been met for the rest of the **[policy year].]**

[Generic [Non-Preferred Care] Prescription Drug [Policy Year] Family Deductible [Limit]

[Covered medical expenses that apply toward the **generic [non-preferred care] prescription drug [policy year] deductible** for the **covered student** and each of their **covered dependents** also count toward the **generic [non-preferred care] prescription drug [policy year] family deductible**. **Covered persons** will have met their **generic [non-preferred care] prescription drug [policy year] family deductible** for the rest of the **[policy year]** once the combined **generic [non-preferred care] prescription drug covered medical expenses** reaches the **generic [non-preferred care] prescription drug [policy year] family deductible** in a **[policy year]**

[[Two] [Three] covered persons must individually meet their **generic prescription drug [policy year] deductible** limit in order to satisfy the **generic prescription drug [policy year] family deductible limit**. When this happens in a **[policy year]**,

[STUDENT ACCIDENT AND SICKNESS INSURANCE]
[SECTION 1 - SCHEDULE OF BENEFITS]
[PRESCRIBED MEDICINES]

the generic [non-preferred care] prescription drug [policy year] deductibles for all covered persons will have been met for the rest of the [policy year].]

Important Notes

- Refer to *The Prescribed Medicine Expense Coverage* for details about outpatient **prescription drug** coverage. The **covered person** may also refer to *What the Plan Covers* for details about outpatient **prescription drug** coverage.
- [The **covered person** will pay less for **prescriptions** if they:
 - Use **generic prescription drugs** rather than **brand name prescription drugs**;
 - Obtain **prescription drugs** from **preferred pharmacies** rather than **non-preferred pharmacies**;
 - Use **prescription drugs** that are on the **preferred drug list**;
 - Obtain **injectable, self-injectable, or specialty care prescription drugs** from the **specialty pharmacy network** or **preferred pharmacies**;
 - Use a **mail order pharmacy** that is a **preferred provider** after the [initial fill, first – fourth refill].
- If the cost of the **prescription drug** is less than the applicable per supply **copay** or **deductible** [the **covered person** will pay the full cost of the **prescription drug**] [the **covered person's** cost sharing of the **prescription drug** will not be more than 50%].

[STUDENT ACCIDENT AND SICKNESS INSURANCE]
[SECTION 1 - SCHEDULE OF BENEFITS]
[PRESCRIBED MEDICINES]

[COVERAGE]	[BENEFIT AMOUNT]	
Per Prescription Copay/Deductible		
[Generic and Brand-Name Prescription Drugs]	[Preferred Care]	[Non-Preferred Care]
[For each initial 30 - 101 day supply filled at a retail pharmacy]	<p>[None - \$100 copay per supply after the policy year deductible]</p> <p>[Copay per supply of 10% - 60% of the negotiated charge after the policy year deductible]</p> <p>[Copay per supply of [the greater of] \$5 - \$75 or 10% - 60% of the negotiated charge not to exceed \$50 - \$750, after the policy year deductible]</p>	<p>[None - \$100 deductible per supply after the policy year deductible]</p> <p>[Deductible per supply of 10% - 60% of the recognized charge after the policy year deductible]</p> <p>[Deductible per supply of [the greater of] \$5 - \$75 or 10% - 60% of the recognized charge not to exceed \$50 - \$750, after the policy year deductible]</p>
[Generic and Brand-Name Prescription Drugs]	[Preferred Care]	[Non-Preferred Care]
[This applies to all refills after the first – fourth refill of a 30-101 day supply filled at a retail pharmacy]	<p>[\$5 - \$300 copay per supply after the policy year deductible]</p> <p>[Copay per supply of 10% - 75% of the negotiated charge not to exceed \$50 - \$300, after the policy year deductible]</p> <p>[Copay per supply of 1 -3 times the initial 30 -101 day copay per supply after the policy year deductible]</p>	<p>[\$5 - \$300 deductible per supply after the policy year deductible]</p> <p>[Deductible per supply of 10% -75% of the recognized charge not to exceed \$50 - \$300, after the policy year deductible]</p> <p>[Deductible per supply of 1 -3 times the initial 30 -101 day deductible per supply after the policy year deductible]</p>
[For all fills of at least a 30 - 101 day supply and up to a 61 – 101 day supply filled at a mail order pharmacy]	<p>[\$5 - \$300 copay per supply after the policy year deductible]</p> <p>[Copay per supply of 10% - 60% of the negotiated charge after the policy year deductible]</p> <p>[Copay per supply of [the greater of] \$5 - \$300 or 10% - 60% of the negotiated charge not to exceed \$50 - \$2,250, after the policy year deductible]</p> <p>[Copay per supply of 1 - 3 times the initial 30 - 101 day copay per supply after the policy year deductible]</p>	<p>[\$5 - \$300 deductible per supply after the policy year deductible]</p> <p>[Deductible per supply of 10% - 60% of the recognized charge after the policy year deductible]</p> <p>[Deductible per supply of [the greater of] \$5 - \$300 or 10% - 60% of the recognized charge not to exceed \$50 - \$2,250, after the policy year deductible]</p> <p>[Deductible per supply of 1 - 3 times the initial 30 - 101 day deductible per supply after the policy year deductible]</p>

[STUDENT ACCIDENT AND SICKNESS INSURANCE]
[SECTION 1 - SCHEDULE OF BENEFITS]
[PRESCRIBED MEDICINES]

[Generic Prescription Drugs]	[Preferred Care]	[Non-Preferred Care]
[For each initial 30 - 101 day supply filled at a retail pharmacy]	<p>[None - \$75 copay per supply after the policy year deductible]</p> <p>[Copay per supply of 10% - 60% of the negotiated charge after the policy year deductible]</p> <p>[Copay per supply of [the greater of] \$5 - \$75 or 10% - 60% of the negotiated charge not to exceed \$50 - \$750, after the policy year deductible]</p>	<p>[None - \$75 deductible per supply after the policy year deductible]</p> <p>[Deductible per supply of 10% - 60% of the recognized charge after the policy year deductible]</p> <p>[Deductible per supply of [the greater of] \$5 - \$75 or 10% - 60% of the recognized charge not to exceed \$50 - \$750, after the policy year deductible]</p>
[This applies to all refills after the first – fourth refill of a 30-101 day supply filled at a retail pharmacy]	<p>[\$5 - \$300 copay per supply after the policy year deductible]</p> <p>[Copay per supply of 10% - 75% of the negotiated charge not to exceed \$50 - \$300, after the policy year deductible]</p> <p>[Copay per supply of 1 -3 times the initial 30 -101 day copay per supply after the policy year deductible]</p>	<p>[\$5 - \$300 deductible per supply after the policy year deductible]</p> <p>[Deductible per supply of 10% -75% of the recognized charge not to exceed \$50 - \$300, after the policy year deductible]</p> <p>[Deductible per supply of 1 -3 times the initial 30 -101 day deductible per supply after the policy year deductible]</p>
[For all fills of at least a 30 - 101 day supply and up to a 61 - 101 day supply filled at a mail order pharmacy]	<p>[\$5 - \$225 copay per supply after the policy year deductible]</p> <p>[Copay per supply of 10% - 60% of the negotiated charge after the policy year deductible]</p> <p>[Copay per supply of [the greater of] \$5 - \$225 or 10% - 60% of the negotiated charge not to exceed \$50 - \$2,250, after the policy year deductible]</p> <p>[Copay per supply of 1 - 3 times the initial 30 - 101 day copay per supply after the policy year deductible]</p>	<p>[\$5 - \$225 deductible per supply after the policy year deductible]</p> <p>[Deductible per supply of 10% - 60% of the recognized charge after the policy year deductible]</p> <p>[Deductible per supply of [the greater of] \$5 - \$225 or 10% - 60% of the recognized charge not to exceed \$50 - \$2,250, after the policy year deductible]</p> <p>[Deductible per supply of 1 - 3 times the initial 30 - 101 day deductible per supply after the policy year deductible]</p>
[Brand-Name Prescription Drugs]	[Preferred Care]	[Non-Preferred Care]
[For each initial 30 - 101 day supply filled at a retail pharmacy]	<p>[None - \$100 copay per supply after the policy year deductible]</p> <p>[Copay per supply of 10% - 60% of the negotiated charge after the policy year deductible]</p>	<p>[None - \$100 deductible per supply after the policy year deductible]</p> <p>[Deductible per supply of 10% - 60% of the recognized charge after the policy year deductible]</p>

[STUDENT ACCIDENT AND SICKNESS INSURANCE]
[SECTION 1 - SCHEDULE OF BENEFITS]
[PRESCRIBED MEDICINES]

	[Copay per supply of [the greater of] \$5 - \$100 or 10% - 60% of the negotiated charge not to exceed \$50 - \$750, after the policy year deductible]	[Deductible per supply of [the greater of] \$5 - \$100 or 10% - 60% of the recognized charge not to exceed \$50 - \$750, after the policy year deductible]
[This applies to all refills after the first – fourth refill of a 30-101 day supply filled at a retail pharmacy]	<p>[\$5 - \$300 copay per supply after the policy year deductible]</p> <p>[Copay per supply of 10% - 75% of the negotiated charge not to exceed \$50 - \$300, after the policy year deductible]</p> <p>[Copay per supply of 1 -3 times the initial 30 -101 day copay per supply after the policy year deductible]</p>	<p>[\$5 - \$300 deductible per supply after the policy year deductible]</p> <p>[Deductible per supply of 10% -75% of the recognized charge not to exceed \$50 - \$300, after the policy year deductible]</p> <p>[Deductible per supply of 1 -3 times the initial 30 -101 day deductible per supply after the policy year deductible]</p>
[For all fills of at least a 30 - 101 day supply and up to a 61 - 101 day supply filled at a mail order pharmacy]	<p>[\$5 - \$300 copay per supply after the policy year deductible]</p> <p>[Copay per supply of 10% - 60% of the negotiated charge, after the policy year deductible]</p> <p>[Copay per supply of [the greater of] \$5 - \$300 or 10% - 60% of the negotiated charge not to exceed \$50 - \$2,250, after the policy year deductible]</p> <p>[Copay per supply of 1 -3 times the initial 30 - 101 day copay per supply after the policy year deductible]</p>	<p>[\$5 - \$300 deductible per supply after the policy year deductible]</p> <p>[Deductible per supply of 10% - 60% of the recognized charge, after the policy year deductible]</p> <p>[Deductible per supply of [the greater of] \$5 - \$300 or 10% - 60% of the recognized charge not to exceed \$50 - \$2,250, after the policy year deductible]</p> <p>[Deductible per supply of 1 - 3 times the initial 30 - 101 day deductible per supply after the policy year deductible]</p>
[Preferred Generic Prescription Drug]	[Preferred Care]	[Non-Preferred Care]
[For each initial 30 - 101 day supply filled at a retail pharmacy]	<p>[None - \$75 copay per supply after the policy year deductible]</p> <p>[Copay per supply of 10% - 60% of the negotiated charge, after the policy year deductible]</p> <p>[Copay per supply of [the greater of] \$5 - \$75 or 10% - 60% of the negotiated charge not to exceed \$50 - \$750, after the policy year deductible]</p>	<p>[None - \$75 deductible per supply after the policy year deductible]</p> <p>[Deductible per supply of 10% - 60% of the recognized charge, after the policy year deductible]</p> <p>[Deductible per supply of [the greater of] \$5 - \$75 or 10% - 60% of the recognized charge not to exceed \$50 - \$750, after the policy year deductible]</p>
[This applies to all refills after the first – fourth refill of a 30-101 day supply filled at a retail pharmacy]	<p>[\$5 - \$300 copay per supply after the policy year deductible]</p> <p>[Copay per supply of 10% - 75% of</p>	<p>[\$5 - \$300 deductible per supply after the policy year deductible]</p> <p>[Deductible per supply of 10% -75% of</p>

[STUDENT ACCIDENT AND SICKNESS INSURANCE]
[SECTION 1 - SCHEDULE OF BENEFITS]
[PRESCRIBED MEDICINES]

	<p>the negotiated charge not to exceed \$50 - \$300, after the policy year deductible</p> <p>[Copay per supply of 1 -3 times the initial 30 -101 day copay per supply after the policy year deductible]</p>	<p>the recognized charge not to exceed \$50 - \$300, after the policy year deductible</p> <p>[Deductible per supply of 1 -3 times the initial 30 -101 day deductible per supply after the policy year deductible]</p>
<p>[For all fills of at least a 30 - 101 day supply and up to a 61 – 101 day supply filled at a mail order pharmacy]</p>	<p>[\$5 - \$225 copay per supply after the policy year deductible]</p> <p>[Copay per supply of 10% - 60% of the negotiated charge, after the policy year deductible]</p> <p>[Copay per supply of [the greater of] \$5 - \$225 or 10% - 60% of the negotiated charge not to exceed \$50 - \$2,250, after the policy year deductible]</p> <p>[Copay per supply of 1 – 3 times the initial 30 - 101 day supply copay per supply after the policy year deductible]</p>	<p>[\$5 - \$225 deductible per supply after the policy year deductible]</p> <p>[Deductible per supply of 10% - 60% of the recognized charge, after the policy year deductible]</p> <p>[Deductible per supply of [the greater of] \$5 - \$225 or 10% - 60% of the recognized charge not to exceed \$50 - \$2,250, after the policy year deductible]</p> <p>[Deductible per supply of 1 - 3 times the initial 30 - 101 day deductible per supply after the policy year deductible]</p>
[Preferred Brand-Name Prescription Drug]	[Preferred Care]	[Non-Preferred Care]
<p>[For each initial 30 - 101 day supply filled at a retail pharmacy]</p>	<p>[None - \$100 copay per supply after the policy year deductible]</p> <p>[Copay per supply of 10% - 60% of the negotiated charge, after the policy year deductible]</p> <p>[Copay per supply of [the greater of] \$5 - \$100 or 10% - 60% of the negotiated charge not to exceed \$50 - \$750, after the policy year deductible]</p>	<p>[None - \$100 deductible per supply after the policy year deductible]</p> <p>[Deductible per supply of 10% - 60% of the recognized charge, after the policy year deductible]</p> <p>[Deductible per supply of [the greater of] \$5 - \$100 or 10% - 60% of the recognized charge not to exceed \$50 - \$750, after the policy year deductible]</p>
<p>[This applies to all refills after the first – fourth refill of a 30-101 day supply filled at a retail pharmacy]</p>	<p>[\$5 - \$300 copay per supply after the policy year deductible]</p> <p>[Copay per supply of 10% - 75% of the negotiated charge not to exceed \$50 - \$300, after the policy year deductible]</p> <p>[Copay per supply of 1 -3 times the initial 30 -101 day copay per supply after the policy year deductible]</p>	<p>[\$5 - \$300 deductible per supply after the policy year deductible]</p> <p>[Deductible per supply of 10% -75% of the recognized charge not to exceed \$50 - \$300, after the policy year deductible]</p> <p>[Deductible per supply of 1 -3 times the initial 30 -101 day deductible per supply after the policy year deductible]</p>
[For all fills of at least a 30 -	[\$5 - \$300 copay per supply after	[\$5 - \$300 deductible per supply after

**[STUDENT ACCIDENT AND SICKNESS INSURANCE]
[SECTION 1 - SCHEDULE OF BENEFITS]
[PRESCRIBED MEDICINES]**

101 day supply and up to a 61 – 101 day supply filled at a mail order pharmacy	<p>the policy year deductible</p> <p>[Copay per supply of 10% - 60% of the negotiated charge after the policy year deductible]</p> <p>[Copay per supply of [the greater of] \$5 - \$300 or 10% - 60% of the negotiated charge not to exceed \$50 - \$2,250, after the policy year deductible]</p> <p>[Copay per supply of 1 - 3 times the initial 30 - 101 day copay per supply after the policy year deductible]</p>	<p>the policy year deductible</p> <p>[Deductible per supply of 10% - 60% of the recognized charge after the policy year deductible]</p> <p>[Deductible per supply of [the greater of] \$5 - \$300 or 10% - 60% of the recognized charge not to exceed \$50 - \$2,250, after the policy year deductible]</p> <p>[Deductible per supply of 1 - 3 times the initial 30 - 101 day deductible per supply after the policy year deductible]</p>
[Non-Preferred Generic and Brand-Name Prescription Drugs]	[Preferred Care]	[Non-Preferred Care]
[For each initial 30 - 101 day supply filled at a retail pharmacy]	<p>[None - \$100 copay per supply after the policy year deductible]</p> <p>[Copay per supply of 10% - 60% of the negotiated charge after the policy year deductible]</p> <p>[Copay per supply of [the greater of] \$5 - \$100 or 10% - 60% of the negotiated charge not to exceed \$50 - \$750, after the policy year deductible]</p>	<p>[None - \$100 deductible per supply after the policy year deductible]</p> <p>[Deductible per supply of 10% - 60% of the recognized charge after the policy year deductible]</p> <p>[Deductible per supply of [the greater of] \$5 - \$100 or 10% - 60% of the recognized charge not to exceed \$50 - \$750, after the policy year deductible]</p>
[This applies to all refills after the first – fourth refill of a 30-101 day supply filled at a retail pharmacy]	<p>[\$5 - \$300 copay per supply after the policy year deductible]</p> <p>[Copay per supply of 10% - 75% of the negotiated charge not to exceed \$50 - \$300, after the policy year deductible]</p> <p>[Copay per supply of 1 - 3 times the initial 30 - 101 day copay per supply after the policy year deductible]</p>	<p>[\$5 - \$300 deductible per supply after the policy year deductible]</p> <p>[Deductible per supply of 10% - 75% of the recognized charge not to exceed \$50 - \$300, after the policy year deductible]</p> <p>[Deductible per supply of 1 - 3 times the initial 30 - 101 day deductible per supply after the policy year deductible]</p>
[For all fills of at least a 30 - 101 day supply and up to a 61 – 101 day supply filled at a mail order pharmacy]	<p>[\$5 - \$300 copay per supply after the policy year deductible]</p> <p>[Copay per supply of 10% - 60% of the negotiated charge, after the policy year deductible]</p> <p>[Copay per supply of [the greater of] \$5 - \$300 or 10% - 60% of the negotiated charge not to exceed</p>	<p>[\$5 - \$300 deductible per supply after the policy year deductible]</p> <p>[Deductible per supply of 10% - 60% of the recognized charge, after the policy year deductible]</p> <p>[Deductible per supply of [the greater of] \$5 - \$300 or 10% - 60% of the recognized charge not to exceed \$50 -</p>

[STUDENT ACCIDENT AND SICKNESS INSURANCE]
[SECTION 1 - SCHEDULE OF BENEFITS]
[PRESCRIBED MEDICINES]

	<p>\$50 - \$2,250, after the policy year deductible]</p> <p>[Copay per supply of 1 - 3 times the initial 30 - 101 day copay per supply after the policy year deductible]</p>	<p>\$2,250, after the policy year deductible]</p> <p>[Deductible per supply of 1 - 3 times the initial 30 - 101 day deductible per supply after the policy year deductible]</p>
[Preferred Brand-Name Prescription Drugs obtained with medical exception]	[Preferred Care]	[Non-Preferred Care]
[For each initial 30 - 101 day supply filled at a retail pharmacy]	<p>[None - \$100 copay per supply after the policy year deductible]</p> <p>[Copay per supply of 10% - 60% of the negotiated charge, after the policy year deductible]</p> <p>[Copay per supply of [the greater of] \$5 - \$100 or 10% - 60% of the negotiated charge not to exceed \$50 - \$750, after the policy year deductible]</p>	<p>[None - \$100 deductible per supply after the policy year deductible]</p> <p>[Deductible per supply of 10% - 60% of the recognized charge, after the policy year deductible]</p> <p>[Deductible per supply of [the greater of] \$5 - \$100 or 10% - 60% of the recognized charge not to exceed \$50 - \$750, after the policy year deductible]</p>
[This applies to all refills after the first – fourth refill of a 30-101 day supply filled at a retail pharmacy]	<p>[\$5 - \$300 copay per supply after the policy year deductible]</p> <p>[Copay per supply of 10% - 75% of the negotiated charge not to exceed \$50 - \$300, after the policy year deductible]</p> <p>[Copay per supply of 1 - 3 times the initial 30 - 101 day copay per supply after the policy year deductible]</p>	<p>[\$5 - \$300 deductible per supply after the policy year deductible]</p> <p>[Deductible per supply of 10% - 75% of the recognized charge not to exceed \$50 - \$300, after the policy year deductible]</p> <p>[Deductible per supply of 1 - 3 times the initial 30 - 101 day deductible per supply after the policy year deductible]</p>
[For all fills of at least a 30 - 101 day supply and up to a 61 – 101 day supply filled at a mail order pharmacy]	<p>[\$5 - \$300 copay per supply after the policy year deductible]</p> <p>[Copay per supply of 10% - 60% of the negotiated charge, after the policy year deductible]</p> <p>[Copay per supply of [the greater of] \$5 - \$300 or 10% - 60% of the negotiated charge not to exceed \$50 - \$2,250, after the policy year deductible]</p> <p>[Copay per supply of 1 - 3 times the initial 30 - 101 day copay per supply after the policy year deductible]</p>	<p>[\$5 - \$300 deductible per supply after the policy year deductible]</p> <p>[Deductible per supply of 10% - 60% of the recognized charge after the policy year deductible]</p> <p>[Deductible per supply of [the greater of] \$5 - \$300 or 10% - 60% of the recognized charge not to exceed \$50 - \$2,250, after the policy year deductible]</p> <p>[Deductible per supply of 1 - 3 times the initial 30 - 101 day deductible per supply after the policy year deductible]</p>

[STUDENT ACCIDENT AND SICKNESS INSURANCE]
[SECTION 1 - SCHEDULE OF BENEFITS]
[PRESCRIBED MEDICINES]

[Non-Preferred Brand-Name Prescription Drugs obtained with medical exception]	[Preferred Care]	[Non-Preferred Care]
[For each initial 30 - 101 day supply filled at a retail pharmacy]	<p>[None - \$100 copay per supply after the policy year deductible]</p> <p>[Copay per supply of 10% - 60% of the negotiated charge, after the policy year deductible]</p> <p>[Copay per supply of [the greater of] \$5 - \$100 or 10% - 60% of the negotiated charge not to exceed \$50 - \$750, after the policy year deductible]</p>	<p>[None - \$100 deductible per supply after the policy year deductible]</p> <p>[Deductible per supply of 10% - 60% of the recognized charge after the policy year deductible]</p> <p>[Deductible per supply of [the greater of] \$5 - \$100 or 10% - 60% of the recognized charge not to exceed \$50 - \$750, after the policy year deductible]</p>
[This applies to all refills after the first – fourth refill of a 30-101 day supply filled at a retail pharmacy]	<p>[\$5 - \$300 copay per supply after the policy year deductible]</p> <p>[Copay per supply of 10% - 75% of the negotiated charge not to exceed \$50 - \$300, after the policy year deductible]</p> <p>[Copay per supply of 1 - 3 times the initial 30 -101 day copay per supply after the policy year deductible]</p>	<p>[\$5 - \$300 deductible per supply after the policy year deductible]</p> <p>[Deductible per supply of 10% -75% of the recognized charge not to exceed \$50 - \$300, after the policy year deductible]</p> <p>[Deductible per supply of 1 - 3 times the initial 30 -101 day deductible per supply after the policy year deductible]</p>
[For all fills of at least a 30 - 101 day supply and up to a 61 – 101 day supply filled at a mail order pharmacy]	<p>[\$5 - \$300 copay per supply after the policy year deductible]</p> <p>[Copay per supply of 10% - 60% of the negotiated charge, after the policy year deductible]</p> <p>[Copay per supply of [the greater of] \$5 - \$300 or 10% - 60% of the negotiated charge not to exceed \$50 - \$2,250, after the policy year deductible]</p> <p>[Copay per supply of 1 - 3 times the initial 30 - 101 day copay per supply after the policy year deductible]</p>	<p>[\$5 - \$300 deductible per supply after the policy year deductible]</p> <p>[Deductible per supply of 10% - 60% of the recognized charge after the policy year deductible]</p> <p>[Deductible per supply of [the greater of] \$5 - \$300 or 10% - 60% of the recognized charge not to exceed \$50 - \$2,250, after the policy year deductible]</p> <p>[Deductible per supply of 1 - 3 times the initial 30 - 101 day deductible per supply after the policy year deductible]</p>
[[Self-]Injectable] [Specialty Care] Prescription Drugs]	[Preferred Care]	[Non-Preferred Care]
[For each 30 – 101 day supply]	<p>[None - \$300 copay per supply after the policy year deductible]</p> <p>[Copay per supply after the policy year deductible of 10% - 50% of</p>	<p>[None - \$300 deductible per supply after the policy year deductible]</p> <p>[Deductible per supply of after the policy year deductible of 10% - 50% of</p>

**[STUDENT ACCIDENT AND SICKNESS INSURANCE]
[SECTION 1 - SCHEDULE OF BENEFITS]
[PRESCRIBED MEDICINES]**

	<p>the negotiated charge [but not less than \$10 nor more than \$750] after the policy year deductible</p> <p>[Copay per supply of [the greater of] \$5 - \$300 or 10% - 50% of the negotiated charge not to exceed \$50 - \$750, after the policy year deductible]</p>	<p>the recognized charge [but not less than \$10 nor more than \$750] after the policy year deductible</p> <p>[Deductible per supply of [the greater of] \$5 - \$300 or 10% - 50% of the recognized charge not to exceed \$50 - \$750, after the policy year deductible]</p>
[For all fills of at least a 30 - 101 day supply and up to a 61 - 101 day supply]	<p>[\$5 - \$900 copay per supply after the policy year deductible]</p> <p>[Copay per supply of 10% - 50% of the negotiated charge [but not less than \$10 nor more than \$2,250] after the policy year deductible]</p> <p>[Copay per supply of [the greater of] \$5 - \$900 or 10% - 50% of the negotiated charge not to exceed \$50 - \$2,250, after the policy year deductible]</p> <p>[Copay per supply of 1 - 3 times the initial 30 - 101 day copay per supply after the policy year deductible]</p>	<p>[\$5 - \$900 deductible per supply after the policy year deductible]</p> <p>[Deductible per supply of 10% - 50% of the recognized charge [but not less than \$10 nor more than \$2,250] after the policy year deductible]</p> <p>[Deductible per supply of [the greater of] \$5 - \$900 or 10% - 50% of the recognized charge not to exceed \$50 - \$2,250, after the policy year deductible]</p> <p>[Deductible per supply of 1 - 3 times the initial 30 - 101 day deductible per supply after the policy year deductible]</p>
[Preferred [[Self-Injectable] [Specialty Care] Prescription Drug]	[Preferred Care]	[Non-Preferred Care]
[For each 30 - 101 day supply]	<p>[None - \$300 copay per supply after the policy year deductible]</p> <p>[Copay per supply of 10% - 50% of the negotiated charge [but not less than \$10 nor more than \$750] after the policy year deductible]</p> <p>[Copay per supply of [the greater of] \$5 - \$300 or 10% - 50% of the negotiated charge not to exceed \$50 - \$750, after the policy year deductible]</p>	<p>[None - \$300 deductible per supply after the policy year deductible]</p> <p>[Deductible per supply of 10% - 50% of the recognized charge [but not less than \$10 nor more than \$750] after the policy year deductible]</p> <p>[Deductible per supply of [the greater of] \$5 - \$300 or 10% - 50% of the recognized charge not to exceed \$50 - \$750, after the policy year deductible]</p>
[For all fills of at least a 30 - 101 day supply and up to a 61 - 101 day supply]	<p>[\$5 - \$900 copay per supply after the policy year deductible]</p> <p>[Copay per supply of 10% - 50% of the negotiated charge [but not less than \$10 nor more than \$2,250] after the policy year deductible]</p> <p>[Copay per supply of [the greater of] \$5 - \$900 or 10% - 50% of the</p>	<p>[\$5 - \$900 deductible per supply after the policy year deductible]</p> <p>[Deductible per supply of 10% - 50% of the recognized charge [but not less than \$10 nor more than \$2,250] after the policy year deductible]</p> <p>[Deductible per supply of [the greater of] \$5 - \$900 or 10% - 50% of the</p>

[STUDENT ACCIDENT AND SICKNESS INSURANCE]
[SECTION 1 - SCHEDULE OF BENEFITS]
[PRESCRIBED MEDICINES]

	negotiated charge not to exceed \$50 - \$2,250, after the policy year deductible [Copay per supply of 1-3 times the initial 30 - 101 day copay per supply after the policy year deductible]	recognized charge not to exceed \$50 - \$2,250, after the policy year deductible [Deductible per supply of 1 - 3 times the initial 30 – 101 day deductible per supply after the policy year deductible]
[Non-Preferred [[Self-Injectable] [Specialty Care] Prescription Drugs]	[Preferred Care]	[Non-Preferred Care]
[For each 30 – 101 day supply]	[None - \$300 copay per supply after the policy year deductible [Copay per supply of 10% - 50% of the negotiated charge [but not less than \$10 nor more than \$750] after the policy year deductible [Copay per supply of [the greater of] \$5 - \$300 or 10% - 50% of the negotiated charge not to exceed \$50 - \$750, after the policy year deductible]	[None - \$300 deductible per supply after the policy year deductible [Deductible per supply of 10% - 50% of the recognized charge [but not less than \$10 nor more than \$750] after the policy year deductible [Deductible per supply of [the greater of] \$5 - \$300 or 10% - 50% of the recognized charge not to exceed \$50 - \$750, after the policy year deductible]
[For all fills of at least a 30 - 101 day supply and up to a 61 – 101 day supply]	[\$5 - \$900 copay per supply after the policy year deductible [Copay per supply of 10% - 50% of the negotiated charge [but not less than \$10 nor more than \$2,250] after the policy year deductible [Copay per supply of [the greater of] \$5 - \$900 or 10% - 50% of the negotiated charge not to exceed \$50 - \$2,250, after the policy year deductible [Copay per supply of 1 - 3 times the initial 30 - 101 day copay per supply after the policy year deductible]	[\$5 - \$900 deductible per supply after the policy year deductible [Deductible per supply of 10% - 50% of the recognized charge [but not less than \$10 nor more than \$2,250] after the policy year deductible [Deductible per supply of [the greater of] \$5 - \$900 or 10% - 50% of the recognized charge not to exceed \$50 - \$2,250, after the policy year deductible [Deductible per supply of 1- 3 times the initial 30 - 101 day deductible per supply after the policy year deductible]

[If the **covered person** or their **prescriber** ask for a covered **brand-name prescription drug** when a covered **generic prescription drug** equivalent is available, the **covered person** will be responsible for the cost difference between the **generic prescription drug** and the **brand-name prescription drug**, plus the increased cost sharing applicable to **brand name-prescription drugs**.]

[If a **prescriber** prescribes a covered **brand-name prescription drug** where a **generic prescription drug** equivalent is available and specifies “Dispense As Written” (DAW), the **covered person** will pay the cost sharing for the **brand-name prescription drug**. If the **covered person** asks for a covered **brand-name prescription drug** where a **generic prescription drug** equivalent is available, they will be responsible for the cost difference between the **brand-name prescription drug** and the **generic prescription drug** equivalent, plus the increased cost sharing applicable to **brand-name prescription drugs**.]

**[STUDENTACCIDENT AND SICKNESS INSURANCE]
[SECTION 1 - SCHEDULE OF BENEFITS]
[PRESCRIBED MEDICINES]**

[STUDENT ACCIDENT AND SICKNESS INSURANCE]
[SECTION 1 - SCHEDULE OF BENEFITS]
[PRESCRIBED MEDICINES]

[Covered Percentage]

	[Preferred Care]	[Non-Preferred Care]
Prescription Drug Plan Covered Percentage	[[50% - 100%] of the negotiated charge]	[[50% - 100%] of the recognized charge]

The **prescription drug** plan covered percentage is the percentage of **prescription drug covered medical expenses** that the plan pays after any applicable **deductibles** and **copays** have been met.]

PRESCRIPTION DRUG [OUT-OF-POCKET] LIMIT

	[Preferred Care]	[Non-Preferred Care]
[Generic][Brand-Name] Prescription Drug [Out-of-Pocket] Limits	[[[\$200 - \$15,000] Individual] [[[\$400 - \$45,000] Family]	[[[\$200 - \$15,000] Individual] [[[\$400 - \$45,000] Family]

Individual Prescription Drug [Out-of-Pocket] Limit: The plan has limitations set for what **covered persons** are expected to contribute. The plan will pay benefits for **prescription drug covered medical expenses**, as follows:]

[Prescription Drug [Out-Of-Pocket] Limit

When the **covered student's** share [or each of their **covered dependent's** share] of **prescription drug covered medical expenses** reach the **prescription drug [out-of-pocket] limit** in a [policy year], the plan will pay 100% of that person's **prescription drug covered medical expenses** for the rest of the [policy year] . The **prescription drug [out-of-pocket] limit** applies to [preferred care] and [non-preferred care] **prescription drug covered medical expenses** combined.

[[Preferred Care] Prescription Drug [Out-Of-Pocket] Limit

When the **covered student's** share [or their **covered dependent's** share] of [preferred care] **prescription drug covered medical expenses** reach the **prescription drug [preferred care] [out-of-pocket] limit** in a [policy year], their plan will pay 100% of that person's [preferred care] **prescription drug covered medical expenses** for the rest of the [policy year].

[[Non-Preferred Care] Prescription Drug [Out-Of-Pocket] Limit

When the **covered student's** share [or their **covered dependent's** share] of [non-preferred care] **prescription drug covered medical expenses** reach the **[non-preferred care] prescription drug [out-of-pocket] limit** in a [policy year], their plan will pay 100% of that person's [non-preferred care] **prescription drug covered medical expenses** for the rest of the [policy year].]

[Brand-Name Prescription Drug [Out-Of-Pocket] Limit

When the **covered student's** share [or each of their **covered dependent's** share] of **prescription drug covered medical expenses** reach the **brand-name prescription drug [out-of-pocket] limit** in a [policy year], the plan will pay 100% of that person's **brand-name prescription drug covered medical expenses** for the rest of the [policy year] . The **brand-name prescription drug [out-of-pocket] limit** applies to [preferred care] and [non-preferred care] **prescription drug covered medical expenses** combined.

[STUDENT ACCIDENT AND SICKNESS INSURANCE]
[SECTION 1 - SCHEDULE OF BENEFITS]
[PRESCRIBED MEDICINES]

[Brand-Name [Preferred Care] Prescription Drug [Out-Of-Pocket] Limit

When the **covered student's** share [or their **covered dependent's** share] of **brand-name** [preferred care] **prescription drug covered medical expenses** reach the **brand-name** **prescription drug** [preferred care] [out-of-pocket] limit in a [policy year], their plan will pay 100% of that person's **brand-name** [preferred care] **prescription drug covered medical expenses** for the rest of the [policy year].

[Brand-Name [Non-Preferred Care] Prescription Drug [Out-Of-Pocket] Limit

When the **covered student's** share [or their **covered dependent's** share] of **brand-name** [non-preferred care] **prescription drug covered medical expenses** reach the **brand-name** [non-preferred care] **prescription drug** [out-of-pocket] limit in a [policy year], their plan will pay 100% of that person's **brand-name** [non-preferred care] **prescription drug covered medical expenses** for the rest of the [policy year].]

[Generic Prescription Drug [Out-Of-Pocket] Limit

When the **covered student's** share [or each of their **covered dependent's** share] of **prescription drug covered medical expenses** reach the **generic** **prescription drug** [out-of-pocket] limit in a [policy year], the plan will pay 100% of that person's **generic** **prescription drug covered medical expenses** for the rest of the [policy year]. The **generic** **prescription drug** [out-of-pocket] limit applies to [preferred care] and [non-preferred care] **prescription drug covered medical expenses** combined.

[Generic [Preferred Care] Prescription Drug [Out-Of-Pocket] Limit

When the **covered student's** share [or their **covered dependent's** share] of **generic** [preferred care] **prescription drug covered medical expenses** reach the **generic** **prescription drug** [preferred care] [out-of-pocket] limit in a [policy year], their plan will pay 100% of that person's **generic** [preferred care] **prescription drug covered medical expenses** for the rest of the [policy year].

[Generic [Non-Preferred Care] Prescription Drug [Out-Of-Pocket] Limit

When the **covered student's** share [or their **covered dependent's** share] of **generic** [non-preferred care] **prescription drug covered medical expenses** reach the **generic** [non-preferred care] **prescription drug** [out-of-pocket] limit in a [policy year], their plan will pay 100% of that person's **generic** [non-preferred care] **prescription drug covered medical expenses** for the rest of the [policy year].]

Family Prescription Drug [Out-Of-Pocket] Limit. The plan has limitations set for what the **covered student** and their **covered dependents** are expected to contribute. The plan will pay benefits for **covered medical expenses** as follows:]

[Prescription Drug [Out-Of-Pocket] Limit

[When the **covered student's** share and their **covered dependents** share of **prescription drug covered medical expenses** combined reach the family **prescription drug** [out-of-pocket] limit in a [policy year], their plan will pay 100% of the family's **covered medical expenses** for the rest of the [policy year]. The family **prescription drug** [out-of-pocket] limit applies to [preferred care] and [non-preferred care] **prescription drug covered medical expenses** combined.

[When [two or more] family members share of **prescription drug covered medical expenses** reach their individual **prescription drug** [out-of-pocket] limits in a [policy year], their plan will pay 100% of the family's **prescription drug covered medical expenses** for the rest of the [policy year]. The family **prescription drug** [out-of-pocket] limit applies to [preferred care] and [non-preferred care] **prescription drug covered medical expenses** combined.]

[STUDENT ACCIDENT AND SICKNESS INSURANCE]
[SECTION 1 - SCHEDULE OF BENEFITS]
[PRESCRIBED MEDICINES]

[[Preferred Care] Prescription Drug [Out-Of-Pocket] Limit

[When the **covered student's** share and their **covered dependents** share of **[preferred care] prescription drug covered medical expenses** combined reach the family **prescription drug [out-of-pocket] limit** in a **[policy year]**, their plan will pay 100% of the family's **[preferred care] prescription drug covered medical expenses** for the rest of the **[policy year]**.

[When **[two or more]** family members share of **[preferred care] prescription drug covered medical expenses** reach their individual **prescription drug [out-of-pocket] limits** in a **[policy year]**, their plan will pay 100% of the family's **[preferred care] prescription drug covered medical expenses** for the rest of the **[policy year]**.]

[[Non-Preferred Care] Prescription Drug [Out-Of-Pocket] Limit

[When the **covered student's** share and their **covered dependents** share of **[non-preferred care] prescription drug covered medical expenses** combined reach the family **prescription drug [out-of-pocket] limit** in a **[policy year]**, their plan will pay 100% of the family's **[non-preferred care] prescription drug covered medical expenses** for the rest of the **[policy year]**.]

[When **[two or more]** family members share of **[non-preferred care] prescription drug covered medical expenses** reach their individual **prescription drug [out-of-pocket] limits** in a **[policy year]**, their plan will pay 100% of the family's **[non-preferred care] prescription drug covered medical expenses** for the rest of the **[policy year]**.]

[Brand-Name Prescription Drug [Out-Of-Pocket] Limit

[When the **covered student's** share and their **covered dependents** share of **prescription drug covered medical expenses** combined reach the family **brand-name prescription drug [out-of-pocket] limit** in a **[policy year]**, their plan will pay 100% of the family's **brand-name covered medical expenses** for the rest of the **[policy year]**. The family **brand-name prescription drug [out-of-pocket] limit** applies to **[preferred care]** and **[non-preferred care] brand-name prescription drug covered medical expenses** combined.

[When **[two or more]** family members share of **brand-name prescription drug covered medical expenses** reach their individual **prescription drug [out-of-pocket] limits** in a **[policy year]**, their plan will pay 100% of the family's **brand-name prescription drug covered medical expenses** for the rest of the **[policy year]**. The family **brand-name prescription drug [out-of-pocket] limit** applies to **[preferred care]** and **[non-preferred care] prescription drug covered medical expenses** combined.]

[Brand-Name [Preferred Care] Prescription Drug [Out-Of-Pocket] Limit

[When the **covered student's** share and their **covered dependents** share of **[preferred care] prescription drug covered medical expenses** combined reach the family **brand-name prescription drug [out-of-pocket] limit** in a **[policy year]**, their plan will pay 100% of the family's **brand-name [preferred care] prescription drug covered medical expenses** for the rest of the **[policy year]**.

[When **[two or more]** family members share of **brand-name [preferred care] prescription drug covered medical expenses** reach their individual **brand-name prescription drug [out-of-pocket] limits** in a **[policy year]**, their plan will pay 100% of the family's **brand-name [preferred care] prescription drug covered medical expenses** for the rest of the **[policy year]**.]

[STUDENT ACCIDENT AND SICKNESS INSURANCE]
[SECTION 1 - SCHEDULE OF BENEFITS]
[PRESCRIBED MEDICINES]

[Brand-Name [Non-Preferred Care] Prescription Drug [Out-Of-Pocket] Limit

[When the **covered student's** share and their **covered dependents** share of **brand-name [non-preferred care] prescription drug covered medical expenses** combined reach the family **brand-name prescription drug [out-of-pocket] limit** in a **[policy year]**, their plan will pay 100% of the family's **brand-name [non-preferred care] prescription drug covered medical expenses** for the rest of the **[policy year]**.]

[When [two or more] family members share of **brand-name [non-preferred care] prescription drug covered medical expenses** reach their individual **brand-name prescription drug [out-of-pocket] limit** in a **[policy year]**, their plan will pay 100% of the family's **brand-name [non-preferred care] prescription drug covered medical expenses** for the rest of the **[policy year]**.]

[Generic Prescription Drug [Out-Of-Pocket] Limit

[When the **covered student's** share and their **covered dependents** share of **generic prescription drug covered medical expenses** combined reach the family **generic prescription drug [out-of-pocket] limit** in a **[policy year]**, their plan will pay 100% of the family's **generic covered medical expenses** for the rest of the **[policy year]**. The family **generic prescription drug [out-of-pocket] limit** applies to **[preferred care]** and **[non-preferred care] prescription drug covered medical expenses** combined.

[When [two or more] family members share of **generic prescription drug covered medical expenses** reach their individual **generic prescription drug [out-of-pocket] limit** in a **[policy year]**, their plan will pay 100% of the family's **generic prescription drug covered medical expenses** for the rest of the **[policy year]**. The family **generic prescription drug [out-of-pocket] limit** applies to **[preferred care]** and **[non-preferred care] prescription drug covered medical expenses** combined.]

[Generic [Preferred Care] Prescription Drug [Out-Of-Pocket] Limit

[When the **covered student's** share and their **covered dependents** share of **generic [preferred care] prescription drug covered medical expenses** combined reach the family **generic prescription drug [out-of-pocket] limit** in a **[policy year]**, their plan will pay 100% of the family's **generic [preferred care] prescription drug covered medical expenses** for the rest of the **[policy year]**.

[When [two or more] family members share of **generic [preferred care] prescription drug covered medical expenses** reach their individual **generic prescription drug [out-of-pocket] limit** in a **[policy year]**, their plan will pay 100% of the family's **generic [preferred care] prescription drug covered medical expenses** for the rest of the **[policy year]**.]

[Generic [Non-Preferred Care] Prescription Drug [Out-Of-Pocket] Limit

[When the **covered student's** share and their **covered dependents** share of **generic [non-preferred care] prescription drug covered medical expenses** combined reach the family **generic prescription drug [out-of-pocket] limit** in a **[policy year]**, their plan will pay 100% of the family's **generic [non-preferred care] prescription drug covered medical expenses** for the rest of the **[policy year]**.]

[When [two or more] family members share of **generic [non-preferred care] prescription drug covered medical expenses** reach their individual **generic prescription drug [out-of-pocket] limit** in a **[policy year]**, their plan will pay 100% of the family's **generic [non-preferred care] prescription drug covered medical expenses** for the rest of the **[policy year]**.]

[STUDENT ACCIDENT AND SICKNESS INSURANCE]
[SECTION 1 - SCHEDULE OF BENEFITS]
[PRESCRIBED MEDICINES]

[Covered medical expenses That Do Not Apply To The Out-Of-Pocket Limits]

Certain **prescription drug covered medical expenses** do not apply toward the individual **prescription drug** [out-of-pocket] limit and the family **prescription drug** [out-of-pocket] limit. These include:

- Expenses applied toward a **deductible** or **copay** amount.
- Expenses above the **recognized [charge]**.
- Expenses incurred because the **covered person** failed to obtain any necessary [precertification].
- Non-covered medical expenses.]

**[STUDENT ACCIDENT AND SICKNESS INSURANCE]
[SECTION 1 - SCHEDULE OF BENEFITS]
[PRESCRIBED MEDICINES]**

[MAXIMUM BENEFITS]

	[Preferred]	[Non-Preferred]
[Prescription Drug Monthly Maximum Benefit]	[[\$35 - \$500] Individual]	[[\$35 - \$500] Individual]

[Prescription Drug Monthly Maximum Benefit]

The **prescription drug** monthly maximum benefit is the most the plan will pay for **prescription drug covered medical expenses** in a month. [The individual maximum applies separately to the **covered student** and each of their **covered dependents**].

[The **prescription drug** monthly maximum benefit applies to **[preferred]** and **[non-preferred]** **prescription drug covered medical expenses** combined.]

[The **prescription drug** monthly maximum benefit does not apply to **[preferred]** **prescription drug covered medical expenses**. However, a **prescription drug** monthly maximum benefit applies to **[non-preferred]** **prescription drug covered medical expenses**.]

	[Preferred]	[Non-Preferred]
[Prescription Drug [Policy year] Maximum Benefit]	[\$200 - \$2,000 Individual] [\$600 - \$4,000 Family]	[\$200 - \$2,000 Individual] [\$600 - \$4,000 Family]

[Prescription Drug [Policy year] Maximum Benefit]

The **prescription drug [policy year]** maximum benefit is the most the plan will pay for **prescription drug covered medical expenses** in a **[policy year]**. [The individual maximum applies separately to the **covered student** and each of their **covered dependents**]. [The family maximum applies to the **covered student** and their **covered dependents** combined].

[The **prescription drug [policy year]** maximum benefit applies to **[preferred]** and **[non-preferred]** **prescription drug covered medical expenses** combined.]

[The **prescription drug [policy year]** maximum benefit does not apply to **[preferred]** **prescription drug covered benefits**. However, a **prescription drug [policy year]** maximum benefit applies to **[non-preferred]** **prescription drug covered benefits**.]

	[Preferred]	[Non-Preferred]
[Prescription Drug Aggregate Maximum Benefit]	[\$1,000 - \$50,000]	[\$1,000 - \$50,000]

[Prescription Drug Lifetime Maximum Benefit]

The **prescription drug** aggregate maximum benefit is the most the plan will pay for **prescription drug covered medical expenses** for a covered person that accumulate from one **Policy Year** to the next.

[The **prescription drug** aggregate maximum benefit applies to **[preferred]** and **[non-preferred]** **prescription drug covered medical expenses** combined.]

[The **prescription drug** aggregate maximum benefit does not apply to **[preferred]** **prescription drug covered medical expenses**. However, a **prescription drug** aggregate maximum benefit applies to **[non-preferred]** **prescription drug covered medical expenses**.]

[Precertification [and Step Therapy]

Precertification and step therapy for certain **prescription drugs** is required. [If precertification is not obtained, [the **prescription drug** will not be covered] [a reduced coinsurance of [10% - 50%] will apply.]]

[STUDENT ACCIDENT AND SICKNESS INSURANCE PROVISIONS]

[SECTION 2 - DEFINITIONS (Continued)]

[Brand-Name Prescription Drug] is a **prescription drug** with a proprietary name assigned to it by the manufacturer or distributor and so indicated by [Medispan] or any other similar publication designated by Aetna, an affiliate or third party vendor.]

[STUDENT ACCIDENT AND SICKNESS INSURANCE PROVISIONS]

[SECTION 2 - DEFINITIONS (Continued)]

[Generic Prescription Drug is a **prescription drug**, whether identified by its chemical, proprietary, or non-proprietary name that is accepted by the U.S. Food and Drug Administration (FDA) as therapeutically equivalent and interchangeable with drugs having an identical amount of the same active ingredient and so indicated by [Medispan] or any other publication designated by Aetna, an affiliate or third party vendor.]

[STUDENT ACCIDENT AND SICKNESS INSURANCE PROVISIONS]

[SECTION 2 - DEFINITIONS (Continued)]

[**Injectable Drug(s)** are **prescription drugs** when an oral alternative drug is not available, unless specifically excluded as described in the Exclusion section of this Policy.]

[STUDENT ACCIDENT AND SICKNESS INSURANCE PROVISIONS]

[SECTION 2 - DEFINITIONS (Continued)]

[**Non-Preferred Drug** is a **brand-name prescription drug** or **generic prescription drug** that does not appear on the **preferred drug list**.]

[STUDENT ACCIDENT AND SICKNESS INSURANCE PROVISIONS]

[SECTION 2 - DEFINITIONS (Continued)]

[Preferred Drug is a brand-name prescription drug or generic prescription drug that appears on the preferred drug list.]

[STUDENT ACCIDENT AND SICKNESS INSURANCE PROVISIONS]

[SECTION 2 - DEFINITIONS (Continued)]

[Preferred Drug Exclusion List] is a list of **prescription drugs** in the **preferred drug list** that are identified as excluded under the plan. This list is subject to periodic review and modification by Aetna.]

[STUDENT ACCIDENT AND SICKNESS INSURANCE PROVISIONS]

[SECTION 2 - DEFINITIONS (Continued)]

[**Preferred Drug List** is a listing of **prescription drugs** established by Aetna or an affiliate which includes both **brand-name prescription drugs** and **generic prescription drugs**. This list is subject to periodic review and modification by Aetna. A copy of the **preferred drug list** will be available upon the **covered person's** request or may be accessed on the Aetna website at [www.aetna.com/formulary].]

[STUDENT ACCIDENT AND SICKNESS INSURANCE PROVISIONS]

[SECTION 2 - DEFINITIONS (Continued)]

[Prescription Drug is a drug, biological, or compounded **prescription** which, by State or Federal Law, may be dispensed only by **prescription** and which is required by Federal Law to be labeled “Caution: Federal Law prohibits dispensing without **prescription**.” This includes an injectable drug prescribed to be self-administered or administered by any other person except one who is acting within his or her capacity as a paid healthcare professional. Covered injectable drugs include insulin.]

[STUDENT ACCIDENT AND SICKNESS INSURANCE PROVISIONS]

[SECTION 2 - DEFINITIONS (Continued)]

[Provider] is any recognized health care professional, **pharmacy** or facility providing services with the scope of their license.]

[STUDENT ACCIDENT AND SICKNESS INSURANCE PROVISIONS]

[SECTION 2 - DEFINITIONS (Continued)]

[Self-injectable Drug(s)] are **prescription drugs** that are intended to be [self] administered by injection to a specific part of the body to treat certain chronic medical conditions.]

[STUDENT ACCIDENT AND SICKNESS INSURANCE PROVISIONS]

[SECTION 2 - DEFINITIONS (Continued)]

[**Specialty Care Drugs** are **prescription drugs** including **injectable drugs**, infusion and oral drugs prescribed to address complex, chronic diseases with associated co-morbidities such as cancer, rheumatoid arthritis, hemophilia, multiple sclerosis, and which are listed in the **specialty care drug** list].

[STUDENT ACCIDENT AND SICKNESS INSURANCE PROVISIONS]

[SECTION 2 - DEFINITIONS (Continued)]

[**Specialty Pharmacy Network** is a network of **pharmacies** designated to fill **prescriptions** for [**injectable drugs, self-injectable drugs** and **specialty care drugs**].]

[STUDENT ACCIDENT AND SICKNESS INSURANCE PROVISIONS CONCERNING]

[SECTION 6 - COVERAGE (Continued)]

[BASIC SICKNESS][MAJOR MEDICAL] EXPENSE BENEFIT]

[PRESCRIBED MEDICINES EXPENSE]

It is important that the **covered person** has the information and resources to help get the most out of the [Prescribed Medicines Expenses coverage]. This section explains:

- [That the Prescribed Medicine Expenses coverage only covers **generic prescription drugs**;
- That a **brand-name prescription drug** is not a covered expense under the Prescribed Medicine Expenses coverage [unless a medical exception is obtained.]]
- How to access **preferred pharmacies** and procedures to follow;
- What **prescription drug** expenses are covered expense under the Prescribed Medicine Expenses coverage and what limits may apply;
- What **prescription drug** expenses are not covered expense under the Prescribed Medicine Expenses coverage;
- How the **covered person** shares the cost of the covered **prescription drug** expenses.

IMPORTANT NOTES:

- Refer to the *Definitions* and *Eligibility* sections for a complete definition of “**covered person**”.
- The **covered person’s** Prescribed Medicine Expenses coverage pays benefits only for **prescription drug** expenses that are **medically necessary**.
- This policy applies to coverage only and does not restrict the **covered person’s** ability to receive **prescription drugs** that are not or might not be covered benefits under this Prescribed Medicine Expenses coverage.
- The plan does not cover all **prescription drugs**, medications and supplies. Refer to the [*Limitations* and *Exclusions*] sections of this coverage for additional information. .
- [**Prescription drugs** will only be covered when obtained through a **preferred pharmacy**.]
- [**Self-injectable drugs** will only be covered when obtained through Aetna’s **specialty pharmacy network**.]

[STUDENT ACCIDENT AND SICKNESS INSURANCE PROVISIONS CONCERNING]

[SECTION 6 - COVERAGE (Continued)]

[BASIC SICKNESS][MAJOR MEDICAL] EXPENSE BENEFIT]

Accessing Preferred Pharmacies and Benefits

Obtaining benefits through **preferred pharmacies** has advantages. [Out-of-pocket costs may vary between preferred and non preferred benefits. Benefits and cost sharing may also vary by the type of **preferred pharmacy** where you obtain your **prescription drug** and whether or not you purchase a **brand-name prescription drug** or **generic prescription drug**. **Preferred pharmacies** include retail **pharmacies**, **mail order pharmacies** and Aetna's **specialty pharmacy network**.]

The **covered person** may select a **preferred pharmacy** from the Aetna Network Pharmacy Directory or by logging on the Aetna's website at [www.aetna.com]. The **covered person** can search Aetna's online **directory**, [DocFind], for names and locations of **preferred pharmacies**. The **covered person** may call [member services] for assistance if they cannot locate a **preferred pharmacy** in their area.

The **covered person** must present their ID card to the **preferred pharmacy** every time they get a **prescription** filled to be eligible for preferred benefits. The **preferred pharmacy** will calculate the claim online. The **covered person** will pay any **cost sharing** directly to the **preferred pharmacy**. [The **covered person** does not have to complete or submit claim forms. The **preferred pharmacy** will take care of claim submission.]

Emergency Prescriptions

When the **covered person** needs a **prescription** filled in an emergency or urgent care situation, or when the **covered person** is traveling, the **covered person** can obtain preferred benefits by filling **prescriptions** at any **preferred pharmacy**. The **preferred pharmacy** will fill the **prescription** and only charge the plan's cost sharing amount. [If the **covered person** accesses a **non-preferred pharmacy**, the **covered person** will pay the full cost of the **prescription** and will need to file a claim for reimbursement. The **covered person** will be reimbursed for covered expenses up to the [cost of the **prescription**] [**negotiated charge**] [**recognized charge**] less any applicable cost sharing required by the **covered person**. [Coverage for **prescription drugs** obtained from a **non-preferred pharmacy** is limited to those obtained in connection with coverage emergency and out-of-area urgent care services.]

[Availability of Providers]

Aetna cannot guarantee the availability or continued network participation of a particular **pharmacy**. Either Aetna or any **preferred pharmacy** may terminate the **provider** contract.]

Cost Sharing for Preferred Care

[The **covered person** will need to satisfy any applicable deductible before the plan will begin to pay benefits.]

[After the **covered person** satisfies the **deductible**] the benefit amount for each covered **prescription drug** or refill prescribed by a **prescriber** and dispensed by a **preferred pharmacy** will be an amount equal to the [covered percentage of the [**negotiated charge**] less any applicable **copay**].

[The benefit amount will be payable to the **preferred pharmacy** on behalf of the **covered person**.]

[Accessing Non-Preferred Pharmacies and Benefits]

[The **covered person** also has the choice to access [State] licensed **pharmacies** outside the network for covered expenses.]

Cost Sharing for Non-Preferred Care

The **covered person** will need to satisfy any applicable deductible before the plan will begin to pay benefits.

[STUDENT ACCIDENT AND SICKNESS INSURANCE PROVISIONS CONCERNING]

[SECTION 6 - COVERAGE (Continued)]

[BASIC SICKNESS][MAJOR MEDICAL] EXPENSE BENEFIT]

After the **covered person** satisfies the **deductible** the benefit amount for each covered **prescription drug** or refill dispensed by a **non-preferred pharmacy** will be an amount equal to the [covered percentage of the [recognized **charge**] for the drug; after the **deductible** per supply.

A claim must be submitted to Aetna for payment of the benefit.]

[STUDENT ACCIDENT AND SICKNESS INSURANCE PROVISIONS CONCERNING]

[SECTION 6 - COVERAGE (Continued)]

[BASIC SICKNESS][MAJOR MEDICAL] EXPENSE BENEFIT]

[Outpatient Prescription Drug Expense

If a **covered person** requires medicines and if a **prescription drug** is dispensed by a **pharmacy** to a person for treatment of a **sickness** or **injury**, a benefit will be paid. The benefit amount is determined from the Cost Sharing subsections and subject to the cost sharing provisions described in the *Schedule of Benefits*. Cost sharing includes any applicable **deductible**, **copay**, maximums, and benefit amounts not payable.

Charges for **medically necessary** outpatient **prescription drugs** for the treatment of a **sickness** or **injury**, are subject to the *Limitations* section and the *Exclusions* section of this coverage. **Prescriptions** must be written by a **prescriber** licensed to prescribe **prescription drugs**.

[Only **generic prescription drugs** are covered. **Brand-name prescription drugs** are not covered expenses unless no **generic prescription drug** is available for treatment of a **sickness** or **injury** and a medical exception is obtained. Refer to the *Medical Exceptions* described under [Precertification] for information on how the **prescriber** can obtain a medical exception.]

[**Prescription drug** benefit coverage is based on Aetna's **preferred drug list**. The **preferred drug list** includes both **brand-name prescription drugs** and **generic prescription drugs**. The **covered person's** out-of-pocket expenses may be higher if the **prescriber** prescribes a covered **prescription drug** not appearing on the **preferred drug list**.]

[**Generic prescription drugs** may be substituted by the **covered person's** pharmacist for **brand-name prescription drugs**. The **covered person** may minimize out-of-pocket expenses by selecting a **generic prescription drug** when available.]

[Coverage of **prescription drugs** may, in Aetna's sole discretion, be subject to precertification, step therapy or other Aetna requirements or limitations.] **Prescription drugs** covered by this plan are subject to drug utilization review by Aetna and/or the **provider** and/or the **preferred pharmacy**.

[Charges for **prescription drugs** listed on the **preferred drug exclusions list** are not covered. Drugs on the **preferred drug exclusions list** are excluded from coverage unless a medical exception for coverage is obtained. If it is **medically necessary** for the **covered person** to use a **prescription drug** on the **preferred drug exclusions list**, the **prescriber** who prescribed the drug must request coverage as a medical exception. Refer to the *Medical Exceptions* description under [Precertification] for information on how the **prescriber** can obtain a medical exception for the **covered person's prescription** if necessary.]

Coverage for **prescription drugs** and supplies is limited to the supply limits as described below.

Retail Pharmacy Benefits

Outpatient **prescription drugs** are covered when dispensed by a retail **pharmacy**. Each **prescription** is limited to a maximum [30 - 101] day supply when filled at a retail **pharmacy**. **Prescriptions** for more than a [30 - 101] day supply are not eligible for coverage when dispensed by a retail **pharmacy**.

[All **prescriptions** and refills over a [30 – 101] day supply must be filled at a **mail order pharmacy**.]

[All **prescription** refills after the [initial fill - fourth refill] at a retail **pharmacy** must be filled at a **mail order pharmacy**.]
[If the **covered person** continues to use a retail **pharmacy** after the [initial fill - fourth refill], cost sharing will be increased as shown in the *Schedule of Benefits*.]

[STUDENT ACCIDENT AND SICKNESS INSURANCE PROVISIONS CONCERNING]

[SECTION 6 - COVERAGE (Continued)]

[BASIC SICKNESS][MAJOR MEDICAL] EXPENSE BENEFIT]

[Mail Order Pharmacy Benefits

Outpatient **prescription drugs** are covered when dispensed by a **mail order pharmacy**. Each **prescription** is limited to a maximum [30 - 101] day supply when filled at a **mail order pharmacy**. **Prescriptions** [less than a [30 – 101] day supply or more than a [30 – 101] day supply] are not eligible for coverage when dispensed by a **mail order pharmacy**.

[The **covered person** is required to obtain **prescriptions** at a **mail order pharmacy** for [all **prescriptions** and all **prescription drug** refills greater than a [30 – 101] day supply] [after the [initial fill - fourth refill] at a retail **pharmacy**.]]

[Outpatient **prescription drugs** received through a **mail-order pharmacy** that is a **non-preferred pharmacy** are not covered.]

[Injectable, Self-Injectable and Specialty Care] Benefits

Preferred Benefits for [Injectable, Self-Injectable and Specialty Care Drugs].

[**Injectable, self-injectable and specialty care**] **drugs** are covered at the preferred level of benefits only when dispensed through a retail **pharmacy** that is a **preferred pharmacy** or Aetna's **specialty pharmacy network**. Refer to Aetna's website, www.aetna.com to review the list of [**injectable, self-injectable and specialty care**] **drugs** required to be dispensed through a retail **pharmacy** that is a **preferred pharmacy** or Aetna's **specialty pharmacy network**. The list may be updated from time to time.

The initial **prescription** for [**injectable, self-injectable and specialty care**] **drugs** must be filled at a retail **pharmacy** that is a **preferred pharmacy** or at Aetna's **specialty pharmacy network**.

The **covered person** is required to obtain [**injectable, self-injectable and specialty care**] **drugs** at Aetna's **specialty pharmacy network** for all **prescription drug** refills after the [initial fill - fourth refill].]

[Non-Preferred Benefits for [Injectable, Self-Injectable and Specialty Care Drugs] -

[**Injectable, self injectable and specialty care**] **drugs** are covered at the non-preferred level of benefits when obtained from a **non-preferred pharmacy**.])

[STUDENT ACCIDENT AND SICKNESS INSURANCE PROVISIONS CONCERNING]

[SECTION 6 - COVERAGE (Continued)]

[BASIC SICKNESS][MAJOR MEDICAL] EXPENSE BENEFIT]

Outpatient Prescription Drug Expense (Continued)

[Additional Covered Expenses]

The following **prescription drugs**, medications and supplies are also covered expenses.]

[Off-Label Use]

FDA approved **prescription drugs** may be covered when the off-label use of the drug has not been approved by the FDA for that indication. The drug must be recognized for treatment of the indication in one of the standard compendia (the United States Pharmacopoeia Drug Information, or the American Hospital Formulary Service Drug Information) or, the safety and effectiveness of use for this indication has been adequately demonstrated by at least one study published in a nationally recognized peer review journal. [Coverage of off-label use of these drugs may, in Aetna's sole discretion, be subject to precertification, step-therapy or other Aetna requirements or limitations.]

[Diabetic Supplies. The following diabetic supplies upon **prescription** by a **prescriber**:

- Diabetic needles and syringes.
- Test strips for glucose monitoring and/or visual reading.
- Diabetic test agents.
- Lancets/lancing devices.
- Alcohol swabs.]

[Contraceptives. The following contraceptives and contraceptive devices:

- Oral Contraceptives.
- Diaphragms. [1, per 365 consecutive day period].
- Injectable contraceptives.
- Contraceptive patches.
- Contraceptive rings.
- Implantable contraceptives and IUDs are covered when obtained from a **physician**. The **physician** will provide insertion and removal of the drugs or device.]

[Injectable Infertility Drugs. The following **prescription drugs** used for the purpose of treating infertility including, but not limited to:

- Urofollitropin, menotropin, human chorionic gonadotropin and progesterone.]

[Lifestyle/Performance Drugs. The following lifestyle/performance drugs:

- Sildenafil Citrate, phentolamine, apomorphine and alprostadil in oral, injectable and topical forms, (including but not limited to gels, creams, ointments and patches), or any other form used internally or externally. Expenses include any **prescription drug** in oral or topical form that is in a similar or identical class, has a similar or identical mode of action or exhibits similar or identical outcomes.

Coverage is limited to [1-15] pills or other form, determined cumulatively among all forms, for unit amounts as determined by Aetna to be similar in cost to oral forms, per [30-34] day supply. [Mail order and [30-101] day supplies are not covered].]

[STUDENT ACCIDENT AND SICKNESS INSURANCE PROVISIONS CONCERNING]

[SECTION 6 - COVERAGE (Continued)]

[BASIC SICKNESS][MAJOR MEDICAL] EXPENSE BENEFIT]

Outpatient Prescription Drug Expense (Continued)

[Precertification for Certain Drugs]

Precertification is required for certain outpatient **prescription drugs**. **Prescribers** must contact Aetna or an affiliate to request and obtain coverage for such **prescription drugs**. The list of drugs requiring precertification is subject to periodic review and modification by Aetna. An updated copy of the list of drugs requiring precertification shall be available upon request or may be accessed on line and can be found in the Aetna **preferred drug list** available online at [www.aetna.com/formulary].

[Failure to precertify will result in a reduction of benefits (see the *Schedule of Benefits*), or denial of coverage, the **covered person** must contact the **prescriber** or pharmacist if the drug being considered requires precertification.]

How to Obtain Precertification

If an outpatient **prescription drug** requires precertification and the **covered person** uses a **preferred pharmacy** the **prescriber** is required to obtain precertification for the **covered person**.

[When a **covered person** uses a **non-preferred pharmacy**, the **covered person** can begin the precertification process by having the **prescriber** call Aetna at the number on their ID card. Aetna will let the **prescriber** know if the **prescription drug** is precertified. If precertification is denied Aetna will notify the **covered person** how the decision can be appealed.]

[Step-Therapy]

Step-therapy is another form of precertification. With step-therapy, certain medications will be excluded from coverage unless one or more “prerequisite therapy” medications are tried first or unless the **prescriber** obtains a medical exception.

[Step-therapy drugs will not be covered] [A benefit reduction will be applied] if the covered person's **prescriber** does not prescribe a prerequisite drug first or fails to obtain a medical exception.

Lists of the step-therapy drugs and prerequisite drugs are included in the Aetna [**preferred drug list**] available upon request or online at [www.aetna.com/formulary]. The list of step therapy drugs are subject to change by Aetna.]

[Medical Exceptions]

The **covered person's prescriber** may seek a medical exception to obtain coverage for [drugs listed on the **preferred drug** exclusions list or for] which coverage is denied through [precertification or step therapy] [or **brand-name prescription drugs**]. The **prescriber** must submit such exception requests to Aetna. Coverage granted because of a medical exception shall be based on an individual, case by case **medical necessity** determination and coverage will not apply or extend to other **covered persons**.]

[STUDENT ACCIDENT AND SICKNESS INSURANCE PROVISIONS CONCERNING]

[SECTION 6 - COVERAGE (Continued)]

[BASIC SICKNESS][MAJOR MEDICAL] EXPENSE BENEFIT]

Outpatient Prescription Drug Expense (Continued)

Limitations

A **pharmacy** may refuse to fill a **prescription** order or refill when in the professional judgment of the pharmacist the **prescription** should not be filled.

[Aetna will not reimburse the **covered person** for out-of-pocket expenses for **prescription drugs** purchased from a **non-preferred pharmacy** for non-emergency **prescriptions**.]

Charges for any **prescription drug** for which the actual charge to the **covered person** is less than the required **copay** or **deductible**, or for any **prescription drug** for which no charge is made to the **covered person** will not be covered.

The **covered person** will be charged the **non-preferred drug** cost sharing for **prescription drugs** recently approved by the FDA, but which have not yet been reviewed by the [Aetna Health Pharmacy Management Department and Therapeutics Committee].

Aetna retains the right to review all requests for reimbursement and in its sole discretion make reimbursement determinations subject to the [*Complaint and Appeals Procedures; Claim Procedures/Complaint and Appeals*] section(s) of this Policy.

[The **covered person** will be charged the **non-preferred prescription drug** cost sharing for non-preferred **brand-name prescription drugs** covered on a medical exception basis.]

[The number of **copayments/deductibles** the **covered person** is responsible for per vial of injectable contraceptive, dispensed for more than a 30 day supply, will be based on the [30 - 101] day supply level. Coverage is limited to a maximum of [4 - 6] vials per [**policy year**].]

[Charges for any **prescription drug** dispensed for the treatment of erectile dysfunction, impotence or sexual dysfunction or inadequacy will not be covered.]

[STUDENT ACCIDENT AND SICKNESS INSURANCE PROVISIONS CONCERNING]

[SECTION 6 - COVERAGE (Continued)]

[BASIC SICKNESS][MAJOR MEDICAL] EXPENSE BENEFIT]

[Outpatient Prescription Drug Expense (Continued)]

Exclusions

No benefits are paid under this section for:

[Less than a [30 – 101] day supply of any drug; dispensed by a **mail order pharmacy**.]

[More than a [30 – 101] day supply per **prescription** or refill. However; this limitation does not apply to a supply of up to [30 – 101] days per **prescription** or refill for **prescription drugs**; which are provided by a **mail order pharmacy**.]

[Any **prescription drug** of a listed Therapeutic Class that is not on the **preferred drug list**. “Therapeutic Class” means a classification of **prescription drugs**; which is determined by Aetna; and is based on widely available and commonly accepted drug classification information.]

[A **prescription drug** that is dispensed by a **pharmacy** that is not a **mail order pharmacy** or a retail **pharmacy**.]

[A **prescription drug** dispensed by a **mail order pharmacy** that is not a **preferred pharmacy**.]

[**Non-preferred prescription drug expenses**.]

[Performance; athletic performance; or lifestyle enhancement drugs; or supplies.]

[Dental gels; and rinses.]

[Administration or injection of any drug.]

[Any charges in excess of the benefit, dollar, day, or supply limits stated in this provision.]

[Allergy sera and extracts.]

[Any non-emergency charges incurred outside of the United States for **prescription drugs**, or supplies, even if otherwise covered under this Policy. This also includes **prescription drugs** or supplies if:

- such **prescription drugs** or supplies are unavailable or illegal in the United States; or
- the purchase of such **prescription drugs** or supplies outside the United States is considered illegal.]

[Any drugs or medications, services and supplies that are not **medically necessary**], as determined by Aetna, for the diagnosis, care or treatment of the **sickness** or **injury** involved. This applies even if they are prescribed, recommended or approved by the **covered person's physician** or **dentist**.]

[Biological sera, blood, blood plasma, blood derivatives or substitutes or any other blood products;]

[**Brand-name prescription drugs** [when a **generic prescription drug** equivalent is available] [, unless otherwise covered by medical exception.]]

[Contraception:

- [over the counter contraceptive supplies including but not limited to: condoms, contraceptive foams, jellies and ointments;]

[STUDENT ACCIDENT AND SICKNESS INSURANCE PROVISIONS CONCERNING]

[SECTION 6 - COVERAGE (Continued)]

[BASIC SICKNESS][MAJOR MEDICAL] EXPENSE BENEFIT]

- [any drug, or supply to prevent or terminate pregnancy, including: birth control pills, patches and implantable contraceptive drugs;]
- [contraceptive devices such as: inter-uterine devices (IUDs) and diaphragms, including initial fitting and insertion], [even if for a medical condition other than birth control; and]
- [Services associated with the prescribing, monitoring and/or administration of contraceptives].]

[Cosmetic drugs, medications or preparations used for cosmetic purposes or to promote hair growth, including but not limited to health and beauty aids, chemical peels, dermabrasion treatments, bleaching, creams, ointments or other treatments or supplies, to remove tattoos, scars or to alter the appearance or texture of the skin.]

[Drugs administered or entirely consumed at the time and place it is prescribed or dispensed.]

[Drugs or supplies used for the treatment of erectile dysfunction, impotence or sexual dysfunction or inadequacy in oral, injectable and topical forms or any other form used internally or externally (including but not limited to gels, creams, ointments and patches). Any **prescription drug** in oral, topical or any other form that is in a similar or identical class, has a similar or identical mode of action or exhibits similar or identical outcomes including but not limited to:

- Sildenafil citrate;
- Phentolamine;
- Apomorphine;
- Alprostadil; or
- Any other **prescription drug** that is in a similar or identical class, has a similar or identical mode of action or exhibits similar or identical outcomes.]

[Drugs which do not, by federal or state law, require a **prescription** order (i.e. over-the-counter (OTC) drugs), even if a **prescription** is written.]

[Drugs provided by, or while the person is an inpatient in, any healthcare facility; or for any drugs provided on an outpatient basis in any such institution to the extent benefits are payable for it.]

[Drugs used primarily for the treatment of infertility, or for or related to artificial insemination, in vitro fertilization, or embryo transfer procedures, except as described in the *Additional Covered Expenses* section.]

[Drugs used for the purpose of weight gain or reduction, including but not limited to stimulants, preparations, foods or diet supplements, dietary regimens and supplements, food or food supplements, appetite suppressants and other medications.]

[Drugs used for the treatment of obesity.]

[Drugs or medications in a therapeutic drug class if one of the drugs or medications in that therapeutic drug class is available over-the-counter (OTC).]

[Drugs, services and supplies provided in connection with treatment of an occupational **injury** or occupational **sickness**.]

[**Durable medical equipment**, monitors and other equipment.]

[Experimental or investigational drugs or devices, except as described in the *Additional Covered Expenses* section.]

[STUDENT ACCIDENT AND SICKNESS INSURANCE PROVISIONS CONCERNING]

[SECTION 6 - COVERAGE (Continued)]

[BASIC SICKNESS][MAJOR MEDICAL] EXPENSE BENEFIT]

[This exclusion will not apply with respect to drugs that:

- Have been granted treatment investigational new drug (IND); or Group c/treatment IND status; or
- Are being studied at the Phase III level in a national clinical trial sponsored by the National Cancer Institute; and
- Aetna determines, based on available scientific evidence, are effective or show promise of being effective for the **sicknesss**.]

[Food items: Any food item, including infant formulas, nutritional supplements, vitamins, [including **prescription** vitamins], medical foods and other nutritional items, even if it is the sole source of nutrition.]

[Genetics: Any treatment, device, drug, or supply to alter the body's genes, genetic make-up, or the expression of the body's genes except for the correction of congenital birth defects.]

[Growth/Height: Any treatment, device, drug, or supply to increase or decrease height or alter the rate of growth, including devices to stimulate growth, and growth hormones.]

[Immunization or immunological agents.]

[Implantable drugs and associated devices.]

[Injectables:

- Any charges for the administration or injection of **prescription drugs** or injectable insulin and other injectable drugs covered by Aetna;
- Injectable agents, except insulin;
- [Injectable drugs dispensed by **pharmacies** that are **non-preferred care providers**;]
- [Needles and syringes, [including but not limited to] [except for] diabetic needles and syringes;]
- [injectable drugs if an alternative oral drug is available;]
- [**Self-][injectable drugs**, unless dispensed through Aetna's **specialty pharmacy network**;]
- [For any refill of a designated [**self-][injectable drug** not dispensed by or obtained through the **specialty pharmacy network**. An updated copy of the list of [**self-] injectable drugs** designated by this plan to be refilled by or obtained through the **specialty pharmacy network** is available upon request or may be accessed at the Aetna website at www.aetna.com.]

[Insulin pumps or tubing or other ancillary equipment and supplies for insulin pumps.]

[**Prescription drugs** for which there is an over-the-counter (OTC) product which has the same active ingredient and strength even if a **prescription** is written.]

[**Prescription drugs**, medications, injectables or supplies provided through a third party vendor contract with the [policyholder].]

[**Prescription drugs** listed in the **preferred drug exclusions list** .]

[**Prescription drugs** packaged in unit dose form.]

[**Prescription** orders filled prior to the effective date or after the termination date of coverage under this Policy.]

[Prophylactic drugs for travel.]

[STUDENT ACCIDENT AND SICKNESS INSURANCE PROVISIONS CONCERNING]

[SECTION 6 - COVERAGE (Continued)]

[BASIC SICKNESS][MAJOR MEDICAL] EXPENSE BENEFIT]

[Refills in excess of the amount specified by the **prescription** order. Before recognizing charges, Aetna may require a new **prescription** or evidence as to need, if a **prescription** or refill appears excessive under accepted medical practice standards.]

[Refills dispensed more than one year from the date the latest **prescription** order was written, or as otherwise permitted by applicable law of the jurisdiction in which the drug is dispensed.]

[Replacement of lost or stolen **prescriptions**.]

[Smoking: Any treatment, drug, service or supply to stop or reduce smoking or the use of other tobacco products or to treat or reduce nicotine addiction, dependence or cravings, including, medications, nicotine patches and gum.]

[Strength and performance: Drugs or preparations, devices and supplies to enhance strength, physical condition, endurance or physical performance, including performance enhancing steroids.]

[Sex change: Any treatment, drug or supply related to changing sex or sexual characteristics, including hormones and hormone therapy.]

[Sexual dysfunction/enhancement: Any drug, or supply to treat sexual dysfunction, enhance sexual performance or increase sexual desire. This includes drugs, implants, devices or preparations to correct or enhance erectile function, enhance sensitivity, or alter the shape or appearance of a sex organ.]

[Supplies, devices or equipment of any type, except as specifically provided in the *Additional Covered Expenses* section.]

[Test agents [except diabetic test agents].

[Topical acne treatment (e.g., Retin A).]

[Drugs used for the treatment of malaria.]]

[STUDENT ACCIDENT AND SICKNESS INSURANCE]
[SECTION 5 – GENERAL PROVISIONS]
(Continued)

DISCOUNT ARRANGEMENTS

From time to time, Aetna may offer, provide, or arrange for discount arrangements or special rates from certain service providers such as pharmacies, optometrists, dentists, alternative medicine, wellness and healthy living providers to the Covered Person. Some of these arrangements may be made available through third parties who may make payments to Aetna in exchange for making these services available.

The third party service providers are independent contractors and are solely responsible to the Covered Person for the provision of any such goods and/or services. Aetna reserves the right to modify or discontinue such arrangements at any time. These discount arrangements are not insurance. There are no benefits payable to the Covered Person nor does Aetna compensate providers for services they may render.

[STUDENT ACCIDENT AND SICKNESS INSURANCE]
[SECTION 5 – GENERAL PROVISIONS]
(Continued)]

INCENTIVES

In order to encourage the Covered Person to access certain medical services when deemed appropriate by the Covered Person in consultation with his or her physician or other service provider, Aetna may, from time to time, offer to waive or reduce a Covered Person's copayment, coinsurance, and/or a deductible otherwise required under the Plan or offer coupons or other financial incentives.

Aetna has the right to determine the amount and duration of any waiver, reduction, coupon, or financial incentive and to limit the Covered Person to whom these arrangements are available.

SERFF Tracking Number: AENX-G128046664 State: Arkansas
 Filing Company: Aetna Life Insurance Company State Tracking Number:
 Company Tracking Number: AR053270100004
 TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.001 Student
 Product Name: 2011 SH- Prescribed Medicine Expense (ALIC)
 Project Name/Number: 2011 SH- Prescribed Medicine Expense (ALIC)/AR053270100004

Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Application	Approved-Closed	02/02/2012
Bypass Reason: not applicable		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: PPACA Uniform Compliance Summary	Approved-Closed	02/02/2012
Bypass Reason: not applicable		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	02/02/2012
Comments:		
Attachment: AR - READABILITY CERTIFICATION.PDF		

	Item Status:	Status Date:
Satisfied - Item: Cover Letter, Attachment A	Approved-Closed	02/02/2012
Comments:		
Attachments: ASH Rx Pharmacy Cover Letter final.PDF Attachment A - 2011 ASH Rx.PDF		

	Item Status:	Status Date:
Satisfied - Item: EOVS GR-96134 ED. 12-11 Section 1 General Comments, EOVS GR-	Approved-Closed	02/02/2012

SERFF Tracking Number: AENX-G128046664 State: Arkansas
Filing Company: Aetna Life Insurance Company State Tracking Number:
Company Tracking Number: AR053270100004
TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.001 Student
Product Name: 2011 SH- Prescribed Medicine Expense (ALIC)
Project Name/Number: 2011 SH- Prescribed Medicine Expense (ALIC)/AR053270100004
96134 3545 ED. 12-11, EOVS GR-
96134 3550 ED. 12-11, EOVS GR-
96134 3555 ED. 12-11, EOVS GR-
96134 3560 ED. 12-11, EOVS GR-
96134 ED. 12-11 Section 2 General
Comments, EOVS GR-96134 ED.
12-11 Section , ...

Comments:

Attachments:

AL GE EASTUDGENSOB V001.PDF
AL GE EASTUD03545 V001.PDF
AL GE EASTUD03550 V001.PDF
AL GE EASTUD03555 V001.PDF
AL GE EASTUD03560 V001.PDF
AL GE EASTUDGENPOLSec2 V001.PDF
AL GE EASTUDGENPOLSec6 V001.PDF
AL GE EASTUD03500 V001.PDF
AL GE EASTUD03505 V001.PDF
AL GE EASTUD03510 V001.PDF
AL GE EASTUD03515 V001.PDF
AL GE EASTUD03520 V001.PDF
AL GE EASTUD03525 V001.PDF
AL GE EASTUD03530 V001.PDF

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: Aetna Life Insurance Company

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
GR-96134 3545 ED. 12-11	0
GR-96134 3550 ED. 12-11	0
GR-96134 3555 ED. 12-11	0
GR-96134 3560 ED. 12-11	0
GR-96134 1650 ED. 12-11	0
GR-96134 1735 ED. 12-11	0
GR-96134 1783 Ed. 12-11	0
GR-96134 1834 ED. 12-11	0
GR-96134 1886 ED. 12-11	0
GR-96134 1887 ED. 12-11	0
GR-96134 1888 ED. 12-11	0
GR-96134 1915 ED. 12-11	0
GR-96134 1923 ED. 12-11	0
GR-96134 1963 ED. 12-11	0
GR-96134 1986 ED. 12-11	0
GR-96134 1987 ED. 12-11	0

STATE OF ARKANSAS
READABILITY CERTIFICATION

Form Number	Score
GR-96134 3500 ED. 12-11	43.3
GR-96134 3505 ED. 12-11	43.3
GR-96134 3510 ED. 12-11	43.3
GR-96134 3515 ED. 12-11	43.3
GR-96134 3520 ED. 12-11	43.3
GR-96134 3525 ED. 12-11	43.3
GR-96134 3530 ED. 12-11	43.3
GR-96134 2092 ED. 12-11	43.3
GR-96134 2093 ED. 12-11	43.3

Signed: _____

Name: _____

Title: _____

Date: _____



John W. Ciesielski
Product & Regulatory Approvals
Law and Regulatory Affairs
151 Farmington Ave., RW61
Hartford, CT. 06156-7330
Phone Number: 845-279-1282
Fax Number: 860-273-3689
E-mail: Ciesielskijw@aetna.com

January 30, 2012

Insurance Commissioner Jay Bradford
Compliance - Life and Health
Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

Subject: **Aetna Life Insurance Company, NAIC No. 001-60054**
Blanket Student Accident and Sickness Insurance
Prescribed Medicine Expense Provision
Policy Form: GR-96134 3500 ED. 10-11 et al

Dear Commissioner:

The policy forms listed in Attachment A are being submitted for your Department's review and approval on a general use basis. The forms are new and do not replace any previously filed forms. They are in final format rather than being drafts or proofs.

The new forms describe expanded options under the Prescribed Medicine Expense Coverage currently available under Blanket Student Medical Plans. Many of the features already included in Major Medical, and PPO plans are incorporated into these forms. Upon approval, the following features will be supported:

1. A retail pharmacy option that will not require refills at a mail order pharmacy. This option will allow prescription refills to continue to be filled at a retail pharmacy, but at a higher copayment.
2. An optional benefit to allow coverage for oral, injectable and infusion specialty drugs through a specialty pharmacy network.
3. Additional and expanded optional copay ranges for dollar and percentage copays.
4. An option to exclude brand name prescription drugs and include mandatory generic prescription drug coverage.
5. An option to exclude drugs in a therapeutic class.

In addition the forms will add new language for Precertification and Step Therapy similar to language included in Major Medical and PPO plans.

January 30, 2012

Page 2 of 2

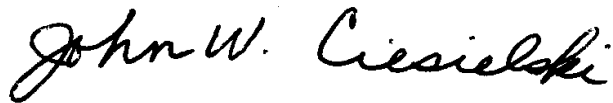
We intend to use the subject insert pages with Aetna's GR-96134 Blanket Student Accident and Health Insurance policy that was approved by your Department on February 11, 2003.

Variability, as indicated by bracketed material on the forms, is required so that only the appropriate language may be reflected on the forms. Upon issuance, the placement of textual material may vary to avoid gaps that would otherwise be created by the deletion of bracketed material. Provisions may appear in sequence other than that shown. Connective words and phrases, which serve the grammatical purpose of meaningful continuity and do not affect the description of the payment of benefits or other terms or conditions of the group policy, may vary as the sense demands. A detailed Explanation of Variable Material has been included.

We request a stamped, approved copy of this letter and the enclosed form and any attachments.

We trust that you will find everything in order, and we look forward to your response. If you have any questions regarding this submission, please do not hesitate to contact me at the above mailing address, telephone number or e-mail address.

Sincerely,

A handwritten signature in black ink that reads "John W. Ciesielski". The signature is written in a cursive, flowing style.

Senior Consultant
Product & Regulatory Approvals

ATTACHMENT A

Aetna Student Health				
Section 1 - Schedule of Benefits				
GR-96134 3545 Ed. 12-11	GR-96134 3550 Ed. 12-11	GR-96134 3555 Ed. 12-11	GR-96134 3560 Ed. 12-11	
Section 2 – Definitions				
GR-96134 1650 Ed. 12-11	GR-96134 1735 Ed. 12-11	GR-96134 1783 Ed. 12-11	GR-96134 1834 Ed. 12-11	GR-96134 1886 Ed. 12-11
GR-96134 1887 Ed. 12-11	GR-96134 1888 Ed. 12-11	GR-96134 1915 Ed. 12-11	GR-96134 1923 Ed. 12-11	GR-96134 1963 Ed. 12-11
GR-96134 1986 Ed. 12-11	GR-96134 1987 Ed. 12-11			
Section 5 – General Provisions				
GR-96134 2092 Ed. 12-11	GR-96134 2093 Ed. 12-11			
Section 6 – Prescribed Medicine Expense – Pharmacy				
GR-96134 3500 Ed. 12-11	GR-96134 3505 Ed. 12-11	GR-96134 3510 Ed. 12-11	GR-96134 3515 Ed. 12-11	GR-96134 3520 Ed. 12-11
GR-96134 3525 Ed. 12-11	GR-96134 3530 Ed. 12-11			

Aetna Life Insurance Company
Explanation of Variability
GR-96134
ED. 12-11

SECTION 1 - SCHEDULE OF BENEFITS
PRESCRIBED MEDICINES

General Comments

These general comments apply to all of the enclosed forms. If no other variables are specified, only these general comments apply.

The benefits shown will correspond to the particular coverage provided by the policyholder's plan of insurance, and will vary, depending on plan design within the variability shown. Variability is required so that only the appropriate information for the plan elected by the policyholder will be shown.

Connective words and phrases which serve the grammatical purpose of meaningful continuity and do not affect the description of the payment of benefits or other terms or conditions of coverage may vary as sense may demand. Such connective wording will not be ambiguous or deceptive.

The term "Schedule of Benefits" may be changed to "Summary of Benefits" or "Summary of Coverage".

References to copay, deductibles and cost sharing will be included when a policyholder's coverage includes these cost sharing features.

Policy Year Deductibles may be individual only or individual and family. The policy year deductible may be waived for certain prescription drug expenses, as elected by the policyholder.

Copay and deductible amounts will vary within the ranges shown in accordance with the policyholder's plan.

Cost sharing amounts will vary within the ranges shown in accordance with the policyholder's plan.

Frequency and Supply amounts will vary within the ranges shown in accordance with the policyholder's plan.

Out-of-Pocket limit amounts will vary within the ranges shown in accordance with the policyholder's plan.

References to "out-of-pocket" (individual and family) may be changed to "maximum out-of-pocket limit", "payment limit" or "cost sharing limit", depending on the policyholder plan.

The term "prescription" may be removed from the terms "generic prescription drug" and "brand name prescription drug".

References to "recognized charge" may be changed to "recognized amount".

Maximum benefits will be included when part of a policyholder's plan. When included, they will vary within the ranges shown.

References to "dependents" will be included when dependents are covered under the policyholder's plan.

Any reference to a time frame may be changed to a longer or shorter period. Any such change will only be made if the change is a liberalization from the covered person's perspective.

Aetna Life Insurance Company
Explanation of Variability
GR-96134
3560
ED. 12-11

SECTION 1 - SCHEDULE OF BENEFITS
PRESCRIBED MEDICINES

Prescription Drug Policy Year Deductible

This item will be included if the plan has a combined preferred and non-preferred prescription drug deductible. The amounts will vary within the ranges shown.

Preferred Care Prescription Drug Policy Year Deductible

This deductible will be included if the plan has a separate preferred prescription deductible, otherwise this item will be omitted.

Non-Preferred Care Prescription Drug Policy Year Deductible

This deductible will be included if the plan has a separate non-preferred prescription deductible, otherwise this item will be omitted.

Generic Preferred Care; Non-Preferred Care Prescription Drug Policy Year Deductible

This deductible will be included if the plan has a separate generic prescription drug deductible, otherwise this item will be omitted.

[Generic [Preferred Care] Prescription Drug [Policy year] Deductible

This deductible will be included if the plan has a separate preferred generic prescription drug deductible, otherwise this item will be omitted.

[Generic [Non-Preferred Care] Prescription Drug [Policy year] Deductible

This deductible will be included if the plan has a separate non- preferred generic prescription drug deductible, otherwise this item will be omitted.

Aetna Life Insurance Company
Explanation of Variability
GR-96134
3560
ED. 12-11

Brand-Name Preferred Care; Non-Preferred Care Prescription Drug Policy Year Deductible

This deductible will be included if the plan has a separate brand-name prescription drug deductible, otherwise this item will be omitted.

Brand-Name Preferred Care Prescription Drug Policy Year Deductible

This deductible will be included if the plan has a separate preferred brand-name prescription drug deductible, otherwise this item will be omitted.

Brand-Name Non-Preferred Care Prescription Drug Policy Year Deductible

This deductible will be included if the plan has a separate non-preferred brand-name prescription drug deductible, otherwise this item will be omitted.

[Prescription Drug [Policy Year] Family Deductible [Limit]

This limit will be included if the plan has a combined preferred care and non-preferred care family deductible, otherwise this item will be omitted.

The first paragraph will be included if the family deductible is based on a dollar amount.

The second paragraph will be included if the family deductible is based on the individual deductible amount.

[[Preferred Care] Prescription Drug [Policy Year] Family Deductible [Limit]

This limit will be included if the plan has a preferred care family deductible, otherwise this item will be omitted.

The first paragraph will be included if the family deductible is based on a dollar amount.

The second paragraph will be included if the family deductible is based on the individual deductible amount. If included, the number of family members needed to satisfy the family deductible limit may be two or three family members.

[[Non-Preferred Care] Prescription Drug [Policy Year] Family Deductible [Limit]

This item will be included if the plan has a non-preferred care family deductible, otherwise this item will be omitted.

The first paragraph will be included if the family deductible is based on a dollar amount.

The second paragraph will be included if the family deductible is based on the individual deductible amount. If included, the number of family members needed to satisfy the family deductible limit may be two or three family members.

[Brand-Name Prescription Drug [Policy year] Family [Deductible] [Limit]

This limit will be included if the plan has a combined preferred care and non-preferred care family brand-name deductible, otherwise this item will be omitted.

The first paragraph will be included if the family deductible is based on a dollar amount.

The second paragraph will be included if the family deductible is based on the individual deductible amount.

[[Brand-Name Preferred Care] Prescription Drug [Policy year] Family Deductible [Limit]

Aetna Life Insurance Company
Explanation of Variability
GR-96134
3560
ED. 12-11

This limit will be included if the plan has a brand-name preferred care family deductible, otherwise this item will be omitted.

The first paragraph will be included if the family deductible is based on a dollar amount.

The second paragraph will be included if the family deductible is based on the individual deductible amount. If included, the number of family members needed to satisfy the family deductible limit may be two or three family members.

[Brand-Name [Non-Preferred Care] Prescription Drug [Policy year] Family Deductible [Limit]

This item will be included if the plan has a brand-name non-preferred care family deductible, otherwise this item will be omitted.

The first paragraph will be included if the family deductible is based on a dollar amount.

The second paragraph will be included if the family deductible is based on the individual deductible amount. If included, the number of family members needed to satisfy the family deductible limit may be two or three family members.

[Generic Prescription Drug [Policy year] Family [Deductible] [Limit]

This limit will be included if the plan has a combined preferred care and non-preferred care family brand-name deductible, otherwise this item will be omitted.

The first paragraph will be included if the family deductible is based on a dollar amount.

The second paragraph will be included if the family deductible is based on the individual deductible amount.

[[Generic Name Preferred Care] Prescription Drug [Policy year] Family Deductible [Limit]

This limit will be included if the plan has a generic preferred care family deductible, otherwise this item will be omitted.

The first paragraph will be included if the family deductible is based on a dollar amount.

The second paragraph will be included if the family deductible is based on the individual deductible amount. If included, the number of family members needed to satisfy the family deductible limit may be two or three family members.

[Generic [Non-Preferred Care] Prescription Drug [Policy year] Family Deductible [Limit]

This item will be included if the plan has a generic non-preferred care family deductible, otherwise this item will be omitted.

The first paragraph will be included if the family deductible is based on a dollar amount.

The second paragraph will be included if the family deductible is based on the individual deductible amount. If included, the number of family members needed to satisfy the family deductible limit may be two or three family members.

Important Notes

The structure of the policyholder's plan of benefits will determine which of the items in the "Important Note" section will appear. Under the second bulleted item, the references to the initial fill or the refills will print as elected by the policyholder. Under the third bulleted item, the covered person's percentage share

Aetna Life Insurance Company
Explanation of Variability
GR-96134
3560
ED. 12-11

of the cost will not be greater than what is shown. If the covered person's percentage share of the cost for any outpatient prescription drug will not be more than 50%, this will appear as separate bulleted statement, and the existing second and third bullets will not be included.

Aetna Life Insurance Company
Explanation of Variability
GR-96134
3545
ED. 12-11

SECTION 1 - SCHEDULE OF BENEFITS
PRESCRIBED MEDICINES

Prescription Drug Policy Year Deductible

This item will be included if the plan has a combined preferred and non-preferred prescription drug deductible,. The amounts will vary within the ranges shown.

Preferred Care Prescription Drug Policy Year Deductible

This deductible will be included if the plan has a separate preferred prescription deductible, otherwise this item will be omitted.

Non-Preferred Care Prescription Drug Policy Year Deductible

This deductible will be included if the plan has a separate non-preferred prescription deductible, otherwise this item will be omitted.

Generic Preferred Care; Non-Preferred Care Prescription Drug Policy Year Deductible

This deductible will be included if the plan has a separate generic prescription drug deductible, otherwise this item will be omitted.

[Generic [Preferred Care] Prescription Drug [Policy year] Deductible

This deductible will be included if the plan has a separate preferred generic prescription drug deductible, otherwise this item will be omitted.

[Generic [Non-Preferred Care] Prescription Drug [Policy year] Deductible

This deductible will be included if the plan has a separate non- preferred generic prescription drug deductible, otherwise this item will be omitted.

Brand-Name Preferred Care; Non-Preferred Care Prescription Drug Policy Year Deductible

This deductible will be included if the plan has a separate brand-name prescription drug deductible, otherwise this item will be omitted.

Brand-Name Preferred Care Prescription Drug Policy Year Deductible

This deductible will be included if the plan has a separate preferred brand-name prescription drug deductible, otherwise this item will be omitted.

Brand-Name Non-Preferred Care Prescription Drug Policy Year Deductible

This deductible will be included if the plan has a separate non-preferred brand-name prescription drug deductible, otherwise this item will be omitted.

[Prescription Drug [Policy Year] Family Deductible [Limit]

This limit will be included if the plan has a combined preferred care and non-preferred care family deductible, otherwise this item will be omitted.

The first paragraph will be included if the family deductible is based on a dollar amount.

The second paragraph will be included if the family deductible is based on the individual deductible amount.

Aetna Life Insurance Company
Explanation of Variability
GR-96134
3545
ED. 12-11

[[Preferred Care] Prescription Drug [Policy Year] Family Deductible [Limit]

This limit will be included if the plan has a preferred care family deductible, otherwise this item will be omitted.

The first paragraph will be included if the family deductible is based on a dollar amount.

The second paragraph will be included if the family deductible is based on the individual deductible amount. If included, the number of family members needed to satisfy the family deductible limit may be two or three family members.

[[Non-Preferred Care] Prescription Drug [Policy Year] Family Deductible [Limit]

This item will be included if the plan has a non-preferred care family deductible, otherwise this item will be omitted.

The first paragraph will be included if the family deductible is based on a dollar amount.

The second paragraph will be included if the family deductible is based on the individual deductible amount. If included, the number of family members needed to satisfy the family deductible limit may be two or three family members.

[Brand-Name Prescription Drug [Policy year] Family [Deductible] [Limit]

This limit will be included if the plan has a combined preferred care and non-preferred care family brand-name deductible, otherwise this item will be omitted.

The first paragraph will be included if the family deductible is based on a dollar amount.

The second paragraph will be included if the family deductible is based on the individual deductible amount.

[[Brand-Name Preferred Care] Prescription Drug [Policy year] Family Deductible [Limit]

This limit will be included if the plan has a brand-name preferred care family deductible, otherwise this item will be omitted.

The first paragraph will be included if the family deductible is based on a dollar amount.

The second paragraph will be included if the family deductible is based on the individual deductible amount. If included, the number of family members needed to satisfy the family deductible limit may be two or three family members.

[Brand-Name [Non-Preferred Care] Prescription Drug [Policy year] Family Deductible [Limit]

This item will be included if the plan has a brand-name non-preferred care family deductible, otherwise this item will be omitted.

The first paragraph will be included if the family deductible is based on a dollar amount.

The second paragraph will be included if the family deductible is based on the individual deductible amount. If included, the number of family members needed to satisfy the family deductible limit may be two or three family members.

Aetna Life Insurance Company
Explanation of Variability
GR-96134
3545
ED. 12-11

[[Generic Prescription Drug [Policy year] Family [Deductible] [Limit]

This limit will be included if the plan has a combined preferred care and non-preferred care family brand-name deductible, otherwise this item will be omitted.

The first paragraph will be included if the family deductible is based on a dollar amount.

The second paragraph will be included if the family deductible is based on the individual deductible amount.

[[Generic Name Preferred Care] Prescription Drug [Policy year] Family Deductible [Limit]

This limit will be included if the plan has a generic preferred care family deductible, otherwise this item will be omitted.

The first paragraph will be included if the family deductible is based on a dollar amount.

The second paragraph will be included if the family deductible is based on the individual deductible amount. If included, the number of family members needed to satisfy the family deductible limit may be two or three family members.

[[Generic [Non-Preferred Care] Prescription Drug [Policy year] Family Deductible [Limit]

This item will be included if the plan has a generic non-preferred care family deductible, otherwise this item will be omitted.

The first paragraph will be included if the family deductible is based on a dollar amount.

The second paragraph will be included if the family deductible is based on the individual deductible amount. If included, the number of family members needed to satisfy the family deductible limit may be two or three family members.

Important Notes

The structure of the policyholder's plan of benefits will determine which of the items in the "Important Note" section will appear. Under the second bulleted item, the references to the initial fill or the refills will print as elected by the policyholder. Under the third bulleted item, the covered person's percentage share of the cost will not be greater than what is shown. If the covered person's percentage share of the cost for any outpatient prescription drug will not be more than 50%, this will appear as separate bulleted statement, and the existing second and third bullets will not be included.

Aetna Life Insurance Company
Explanation of Variability
GR-96134
3550
ED. 12-11

SECTION 1 - SCHEDULE OF BENEFITS
PRESCRIBED MEDICINES

This form will be included when a policyholder's plan has per supply copay and per supply deductibles. It will not be used in combination with coinsurance.

Per Prescription Copay/Deductible

Copay and deductible amounts will vary within the ranges shown in accordance with the policyholder's plan.

The copay and deductible chart, or bracketed elements thereof, are subject to inclusion or change in accordance with the policyholder's plan and the General Comments of the Explanation of Variability. The copay and deductibles may be for any combination of the drug categories.

The first full paragraph after the benefit table will be included if the policyholder elects the mandatory generic option.

The second full paragraph after the benefit table will be included if the policyholder elects the "dispense as written" option.

Aetna Life Insurance Company
Explanation of Variability
GR-96134
3555
ED. 12-11

SECTION 1 - SCHEDULE OF BENEFITS
PRESCRIBED MEDICINES

Covered Percentage

This section will be included if the plan does not include per supply copays and deductibles and only pays on the basis of a percentage of the covered charges.

The term “recognized charge” may be changed to “recognized amount”.

Individual **Prescription Drug Out-of-Pocket Limit**

This section will be included if the plan has an out-of-pocket limit.

Prescription Drug Out-of-Pocket Limit

This will be included if the plan has a combined preferred care and non-preferred care out-of-pocket limit.

Preferred Care Prescription Drug Out-of-Pocket Limit

This will be included if the plan has a separate preferred care out-of-pocket limit.

Non-Preferred Care Prescription Drug Out-of-Pocket Limit

This item will be included if the plan has a separate non-preferred care out-of-pocket limit, otherwise this item will be omitted.

[Brand-Name Prescription Drug [Out-Of-Pocket] Limit

This will be included if the plan has a combined brand-name preferred care and non-preferred care out-of-pocket limit.

[Brand-Name [Preferred Care] Prescription Drug [Out-Of-Pocket] Limit

This will be included if the plan has a separate brand-name preferred care out-of-pocket limit.

[Brand-Name [Non-Preferred Care] Prescription Drug [Out-Of-Pocket] Limit

This item will be included if the plan has a separate brand-name non-preferred care out-of-pocket limit, otherwise this item will be omitted.

[Generic Prescription Drug [Out-Of-Pocket] Limit

This will be included if the plan has a combined preferred care and non-preferred care out-of-pocket limit.

[Generic [Preferred Care] Prescription Drug [Out-Of-Pocket] Limit

This will be included if the plan has a separate generic preferred care out-of-pocket limit.

[Generic [Non-Preferred Care] Prescription Drug [Out-Of-Pocket] Limit

This item will be included if the plan has a separate generic non-preferred care out-of-pocket limit, otherwise this item will be omitted.

Aetna Life Insurance Company
Explanation of Variability
GR-96134
3555
ED. 12-11

Family Prescription Drug Out-of-Pocket Limit

This section will be included if the plan has a family out-of-pocket limit.

Prescription Drug Out-of-Pocket Limit

This will be included if the plan has a combined preferred care and non-preferred care out-of-pocket limit.

The first paragraph will be included if the family out-of-pocket limit is based on a dollar amount.

The second paragraph will be included if the family out-of-pocket limit is based on the individual deductible amount.

Preferred Care Prescription Drug Out-of-Pocket Limit

This will be included if the plan has a separate preferred care out-of-pocket limit.

The first paragraph will be included if the family out-of-pocket limit is based on a dollar amount.

The second paragraph will be included if the family out-of-pocket limit is based on the individual deductible amount.

Non-Preferred Care Prescription Drug Out-of-Pocket Limit

This item will be included if the plan has a separate non-preferred care out-of-pocket limit, otherwise this item will be omitted.

The first paragraph will be included if the family out-of-pocket limit is based on a dollar amount.

The second paragraph will be included if the family out-of-pocket limit is based on the individual deductible amount.

Brand-Name Prescription Drug Out-of-Pocket Limit

This will be included if the plan has a combined brand-name preferred care and non-preferred care out-of-pocket limit.

The first paragraph will be included if the family out-of-pocket limit is based on a dollar amount.

The second paragraph will be included if the family out-of-pocket limit is based on the individual deductible amount.

Brand-Name Preferred Care Prescription Drug Out-of-Pocket Limit

This will be included if the plan has a separate brand-name preferred care out-of-pocket limit.

The first paragraph will be included if the family out-of-pocket limit is based on a dollar amount.

The second paragraph will be included if the family out-of-pocket limit is based on the individual deductible amount.

Brand-Name Non-Preferred Care Prescription Drug Out-of-Pocket Limit

This item will be included if the plan has a separate brand-name non-preferred care out-of-pocket limit, otherwise this item will be omitted.

Aetna Life Insurance Company
Explanation of Variability
GR-96134
3555
ED. 12-11

The first paragraph will be included if the family out-of-pocket limit is based on a dollar amount.

The second paragraph will be included if the family out-of-pocket limit is based on the individual deductible amount.

Generic Prescription Drug Out-of-Pocket Limit

This will be included if the plan has a combined generic preferred care and non-preferred care out-of-pocket limit.

The first paragraph will be included if the family out-of-pocket limit is based on a dollar amount.

The second paragraph will be included if the family out-of-pocket limit is based on the individual deductible amount.

Generic Preferred Care Prescription Drug Out-of-Pocket Limit

This will be included if the plan has a separate generic preferred care out-of-pocket limit.

The first paragraph will be included if the family out-of-pocket limit is based on a dollar amount.

The second paragraph will be included if the family out-of-pocket limit is based on the individual deductible amount.

Generic Non-Preferred Care Prescription Drug Out-of-Pocket Limit

This item will be included if the plan has a separate generic non-preferred care out-of-pocket limit, otherwise this item will be omitted.

The first paragraph will be included if the family out-of-pocket limit is based on a dollar amount.

The second paragraph will be included if the family out-of-pocket limit is based on the individual deductible amount.

Excluded Covered Expenses

This item will be included if the plan contains an out-of-pocket limit and the policyholder's plan provides that certain expenses will not be applied toward the out-of-pocket limit.

Aetna Life Insurance Company
Explanation of Variability
GR-96134
3560
ED. 12-11

SECTION 1 - SCHEDULE OF BENEFITS
PRESCRIBED MEDICINES

Maximum Benefits

When included, a policyholder may elect any combination of the defined maximums.

Prescription Drug Monthly Maximum Benefits

The amounts may range as provided within the brackets, but will not be less than the amount shown. The maximum may apply to preferred care and non-preferred care benefits combined. It may apply to non-preferred care benefits only.

Prescription Drug Policy Year Maximum Benefit

The amounts may range as provided within the brackets, but will not be less than the amount shown. The maximum may apply to preferred care and non-preferred care benefits combined. It may apply to non-preferred care benefits only.

Prescription Drug Aggregate Maximum Benefit

Prescription Drug Lifetime Maximum Benefit- The amounts may range as provided within the brackets, but will not be less than the amount shown. The maximum may apply to preferred care and non-preferred care benefits combined. It may apply to non-preferred care benefits only.

Precertification and Step Therapy

Precertification penalty may be that no benefits will be paid or that benefits are paid at a reduced payment percentage.

The percentage amount will vary within range provided, but will never be lower than 50%.

Aetna Life Insurance Company
Explanation of Variability
Policy
GR-96134
ED. 12-11

General Comments

SECTION 2 - DEFINITIONS

General Comments

The material within brackets is intended to be variable and will be changed to reflect the policyholder's plan design. Any changes will be in accordance with all applicable Federal and State Laws and Regulations.

Connective words and phrases which serve the grammatical purpose of meaningful continuity and do not affect the description of the payment of benefits or other terms or conditions of coverage may vary as sense may demand. Such connective wording will not be ambiguous or deceptive.

The placement of material may vary to avoid gaps and to allow the contractual documents to be system-produced.

Only the definitions applicable to the policyholder's plan will be included in the Common Terms section. An Explanation of Variability will be included if additional comments apply.

Aetna Life Insurance Company
Explanation of Variability
Policy
GR-96134
ED. 12-11

General Comments

SECTION 6 - COVERAGE (Continued)

Basic Sickness Expense Benefit

Major Medical Expense Benefit

General Comments

The material within brackets is intended to be variable and will be changed to reflect the policyholder's plan design. Any changes will be in accordance with all applicable Federal and State Laws and Regulations.

The headings and captions are variable in order to appropriately reflect the plan of benefits to which the provisions will be added.

The term "sickness" will be deleted if a policyholder's plan is an accident only medical plan or if the plan covers accidents only.

Connective words and phrases which serve the grammatical purpose of meaningful continuity and do not affect the description of the payment of benefits or other terms or conditions of coverage may vary as sense may demand. Such connective wording will not be ambiguous or deceptive.

The placement of material may vary to avoid gaps and to allow the contractual documents to be system-produced.

Drafting notes will not print when the forms are issued. They are used as a clarifying note for Aetna's use to assist in the electronic assembly of a policyholder's specific documents.

Only the definitions applicable to the policyholder's plan will be included in the Common Terms section. An Explanation of Variability will be included if additional comments apply.

The term "medically necessary" may be changed to another term or standard applicable to the policyholder's plan.

www.aetna.com/formulary is the current site name of Aetna's online preferred drug list. It may be revised to reflect the appropriate site if it changes.

www.aetna.com is the current website address. The address may be revised to reflect the appropriate website address if it changes.

"Docfind" is the current name of Aetna's on line provider directory. The name will be revised to reflect the appropriate online directory name if it changes.

Reference to "Member Services" is variable throughout the document as department names change over time. The appropriate department name will be included if it changes.

The term "Schedule of Benefits" may be changed to "Summary of Benefits" or "Summary of Coverage".

If included, the maximum number of days and any other limitations will [vary within the ranges shown] as determined by the policyholder's plan design.

The heading and all references to "Prescribed Medicine Expense" may be changed to "Prescription Drug Expense", "Outpatient Prescribed Medicine Expense" or "Outpatient Prescription Drug Expense". In addition, all uses of the term "drugs" may be changed to "medicines".

The term "preferred" may be changed to "network", "in-network" "participating" or a term of similar meaning.

Aetna Life Insurance Company
Explanation of Variability
Policy
GR-96134
ED. 12-11

General Comments

References to “formulary exclusion list”, “precertification”, “step-therapy” and “brand-name prescription drugs” will be included as applicable to the plan elected by the policyholder.

References to “preferred”, “non-preferred” may be changed to “formulary”, “non-formulary”. The term “preferred drug list” may be changed to “formulary”. The word “list” may be changed to “guide”.

The terms “generic prescription drug” and “brand name prescription drug” may be changed to remove the term “prescription”.

The term “non-preferred” may be changed to “out-of-network”, “non-participating” or a term of similar meaning.

Aetna Life Insurance Company
Explanation of Variability
Policy
GR-96134
3500
ED. 12-11

SECTION 6 - COVERAGE (Continued)

Basic Sickness Expense Benefit

Major Medical Expense Benefit

Prescribed Medicines Expense

In the second sentence, the first two bulleted items will be included for a policyholder's plan that covers only generic prescription drugs. In the second bulleted item the bracketed phrase "unless a medical exception is obtained" will be included if a policyholder's plan includes the option for a medical exception.

Important Note:

The fifth bulleted item will be included when the plan provides no coverage for drugs obtained from a non-preferred pharmacy..

The sixth bulleted item will be included when self-injectable drugs are required to be obtained through a specialty pharmacy network.

Aetna Life Insurance Company
Explanation of Variability
Policy
GR-96134
3505
ED. 12-11

SECTION 6 - COVERAGE (Continued)

Basic Sickness Expense Benefit

Major Medical Expense Benefit

[Prescription Drug] [Prescribed Medicines Expense]

Accessing Preferred Pharmacies and Benefits

The second sentence of the first paragraph will be omitted if the prescription drug plan does not cover non-preferred benefits.

If the prescription drug plan does not cover non preferred benefits, coverage may be provided under basic or major medical provisions of the student's plan.

The last two sentences of the third paragraph will be included when the plan does not require the insured to file claim forms.

Cost Sharing for Preferred Care

The first bracketed item will be included if the plan includes any deductibles, otherwise it will be omitted.

The second bracketed item will be included if the plan has coinsurance otherwise it will be omitted.

- The paragraph will start with "After the covered person satisfies the deductible..." if there is a deductible or copayment. If included, references to either deductible or copayment will be included or omitted in accordance with the policyholder's plan.
- If there is no deductible or copayment, the paragraph will start with "The Covered Person will be responsible for...". The appropriate term will be included in accordance with the policyholder's plan.

Accessing Non-Preferred Pharmacies and Benefits

This section will be included if the policyholder's prescription drug plan covers non-preferred benefits.

The word "State", in the first paragraph, will be included where the plan covers prescriptions dispensed within the United States only.

Cost Sharing for Non-Preferred Care

The first bracketed item will be included if the plan includes any deductibles, otherwise it will be omitted.

The second bracketed item will be included if the plan has coinsurance otherwise it will be omitted.

- The paragraph will start with "After the covered person satisfies the deductible..." if there is a deductible or copayment. If included, references to either deductible or copayment will be included or omitted in accordance with the policyholder's plan.
- If there is no deductible or copayment, the paragraph will start with "The Covered Person will be responsible for...". The appropriate term will be included in accordance with the policyholder's plan.

Prescribed Medicines Expense

Emergency Prescriptions

In the fourth sentence, the reimbursement methodology, (e.g., billed charges, negotiated charge), selected by the policyholder will be included.

Aetna Life Insurance Company
Explanation of Variability
Policy
GR-96134
3510
ED. 12-11

SECTION 6 - COVERAGE (Continued)

Basic Sickness Expense Benefit

Major Medical Expense Benefit

Outpatient Prescription Drug Expense (Continued)

The second paragraph will be included for a policyholder's plan that covers only generic prescription drugs. The phrase starting with "unless no generic prescription drug is available..." in the second sentence, and the entire third sentence, will be included if the option for a medical exception is included in a policyholder's plan.

The third paragraph will be included when a policyholder's plan includes a preferred drug list.

The fourth paragraph will be included when a policyholder's plan allows substitution of a generic prescription drug for a brand-name drug. The second sentence will be included for plans with different brand-name and generic drug cost sharing. References to brand-name drugs may be deleted if not applicable.

In the fifth paragraph, the first sentence will be included when the plan requires any combination of precertification, step-therapy or other requirements or limitations.

The sixth paragraph will be included with a closed formulary plan which requires a medical exception to obtain a drug on the formulary exclusion list.

Retail Pharmacy Benefits

The second paragraph will be included when a policyholder's plan requires all prescriptions and refills over the specified day supply limit to be filled at a mail order pharmacy. The day supply limit will vary within the ranges shown.

The third paragraph will be included when a policyholder's plan contains lower cost sharing for refills at a mail order pharmacy after a certain number of fills/refills at a retail pharmacy. The number of refills will vary within the range shown.

Mail Order Pharmacy Benefits

This section will be included when a mail order plan is purchased by the policyholder.

In the second and third sentences of the first paragraph, the mail order day supply amount will vary between the ranges shown as determined by the policyholder's plan design.

In the second sentence of the first paragraph, the phrase "less than a [30 – 100] day supply or" may or may not be included depending on the policyholder's plan design. In that same sentence, the phrase "more than a 100 day supply" will be included when a policyholder's plan is limited to a specified day supply obtained at a mail order pharmacy.

The second paragraph will be included if the plan requires all prescriptions and/or refills over the retail pharmacy "day supply" limit to be filled at a mail order pharmacy. The phrase "after the [initial fill – fourth refill] at a retail pharmacy" will be included when a policyholder's plan requires refills at the mail order pharmacy after a certain number of fills/refills at a retail pharmacy. If the mail order requirement applies to refills only, the words "all prescriptions and" will not be included. The number of refills will vary within the range shown.

Aetna Life Insurance Company
Explanation of Variability
Policy
GR-96134
3510
ED. 12-11

The third paragraph will not be included if the policyholder's plan covers non-preferred mail-order pharmacy benefits

Injectable, Self-Injectable and Specialty Care Drug Benefits

Preferred Benefits for Injectable, Self-Injectable and Specialty Care Drugs.

This section will be included when a policyholder's plan design requires use of a specialty pharmacy network for injectable, self-injectable and specialty care drugs.

At the election of the policyholder, this section may apply to injectable, self-injectable and specialty care drugs, or to any combination of these three types of drugs.

In the third paragraph the number of fills or refills will vary within the range shown.

Non-Preferred Benefits for Injectable, Self-Injectable and Specialty Care Drugs

This section will be included when non-preferred coverage for these drugs is elected by the policyholder.

Aetna Life Insurance Company
Explanation of Variability
Policy
GR-96134
3515
ED. 12-11

SECTION 6 - COVERAGE (Continued)

Basic Sickness Expense Benefit

Major Medical Expense Benefit

Outpatient Prescription Drug Expense (Continued)

Additional Covered Expenses

This section will be included when any combination of additional covered expenses are included in a policyholder's plan.

Off-Label Use

The sentence starting with "Coverage of off-label use of these drugs ..." will be included when precertification, step-therapy or other Aetna requirements or limitations are part of the plan.

Diabetic Supplies

Any item on the list of covered supplies may or may not be included.

Contraceptives

Any item on the list may or may not be included. The bracketed phrase "1 per 365 consecutive day period" in the second bulleted item, may be changed to "policy year" or other similar term.

Injectable Infertility Drugs

Any of the drugs listed may or may not be included. Additional infertility drugs may be added to the list as determined by Aetna Health Pharmacy Management or as may be accepted by the U.S. Food and Drug Administration (FDA).

Lifestyle/Performance Drugs

The pill and day supply limits will vary within the ranges shown.

The last sentence of the last paragraph will be included when a policyholder's plan includes a mail order component.

Aetna Life Insurance Company
Explanation of Variability
Policy
GR-96134
3520
ED. 12-11

SECTION 6 - COVERAGE (Continued)

Basic Sickness Expense Benefit

Major Medical Expense Benefit

Outpatient Prescription Drug Expense (Continued)

Precertification for Certain Drugs

This section will be included when a policyholder's plan requires precertification.

The second paragraph may include the description of any applicable benefit reduction provisions included in the Schedule of Benefits. It may be removed if not applicable or included in the Schedule of Benefits.

How to Obtain Precertification

The second paragraph will be included if a policyholder's plan includes non-preferred coverage and also includes precertification.

Step-Therapy

This section will be included when a policyholder's plan requires step-therapy.

- The first bracketed phrase will be included in lieu of the second bracketed phrase in the event the penalty for failure to obtain the requisite medical exception is a full exclusion with respect to the prescription drug in question. The reverse is true when the penalty for failure to obtain the requisite medical exception is a reduction in the benefit payable with respect to the prescription drug in question.
- In the third paragraph there is a reference to the website www.Aetna.com/formulary. This is the current site name of Aetna's online preferred drug guide. This will be revised to reflect the appropriate site name if it changes.

Medical Exceptions

This section will be included if the plan requires precertification, and/or step-therapy and also includes a formulary exclusion list.

In the first sentence, the references to formulary exclusion list, precertification, step-therapy and brand-name prescription drugs will be included as applicable to a policyholder's plan.

Aetna Life Insurance Company
Explanation of Variability
Policy
GR-96134
3525
ED. 12-11

SECTION 6 - COVERAGE (Continued)

Basic Sickness Expense Benefit

Major Medical Expense Benefit

Limitations

The second paragraph will be included when a policyholder's prescription drug plan only covers preferred pharmacy expenses.

In the fourth paragraph, the committee name is subject to change. This will be revised to reflect the appropriate name should the name of the committee change.

In the fifth paragraph, the section references may be changed to reflect the correct section references, or additional section references may be included as appropriate to the plan.

The sixth paragraph will be included if the plan provides a medical exception provision.

The seventh paragraph will be included if the plan covers injectable contraceptives. If included, the day supply level and the vial limit will vary within the ranges provided. In addition, the vial limit may be based on a year supply as appropriate for the drug.

The eighth paragraph may be included when a policyholder's plan does not cover performance enhancement drugs or just those dispensed by a mail order pharmacy.

Aetna Life Insurance Company
Explanation of Variability
Policy
GR-96134
3530
ED. 12-11

SECTION 6 - COVERAGE (Continued)

Basic Sickness Expense Benefit

Major Medical Expense Benefit

Exclusions

Any exclusion may be deleted if requested by a policyholder, and, in addition to the General Comments, any exclusions may be modified at the request of a policyholder as follows:

The “brand name prescription drugs” exclusion will be included when the plan only covers generic prescription drugs. The medical exception to the brand-name prescription drugs exclusion will be included when requested by the policyholder.

The bracketed reference to “prescription vitamins” will be included if prescription vitamins are not covered.

The exclusion for “injectables” may be modified, or omitted entirely, in accordance with the policyholder’s plan. If included:

- The bracketed item for “needles and syringes” will be included or deleted. When included it will be revised to reflect whether a policyholder’s plan does or does not include coverage for diabetic needles and syringes.
- All occurrences of the bracketed term “self-” in the sixth and seventh bulleted items will be omitted when a policyholder’s plan excludes coverage for all injectables and not just self-injectables.
- The bracketed language in the sixth bulleted item; “injectable drugs, unless dispensed through Aetna’s specialty pharmacy network”, will be included when coverage is limited to the use of an Aetna specialty pharmacy network provider.
- The seventh bulleted item is included for plans where initial fills may be purchased retail and self-injectable refill prescriptions must be filled through the specialty pharmacy network.

The exclusion for “prescription drugs, medications, injectables or supplies provided through a third party vendor” will be included where the policyholder has elected to provide certain prescription drugs through a third party vendor (e.g. injectables, psychotropic drugs).

The exclusion starting with “Prescription drugs listed in the preferred drug exclusions list...” will be included for closed formulary plans. The medical exception to this exclusion will be included when requested by the policyholder.

The exclusion for smoking may be omitted, or modified to delete specific services or supplies if coverage is included under a policyholder’s plan.

For the “test agents” exclusion, the language “except diabetic test agents” will be included when the policyholder elects coverage for these test agents.

SERFF Tracking Number:	AENX-G128046664	State:	Arkansas
Filing Company:	Aetna Life Insurance Company	State Tracking Number:	
Company Tracking Number:	AR053270100004		
TOI:	H04 Health - Blanket Accident/Sickness	Sub-TOI:	H04.001 Student
Product Name:	2011 SH- Prescribed Medicine Expense (ALIC)		
Project Name/Number:	2011 SH- Prescribed Medicine Expense (ALIC)/AR053270100004		

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
01/31/2012	Form	Rx Covered Percentages. Out of Pocket Limits	02/02/2012	AL GE ASTUD003555 V001.PDF (Superceded)

[STUDENT ACCIDENT AND SICKNESS INSURANCE]
[SECTION 1 - SCHEDULE OF BENEFITS]
[PRESCRIBED MEDICINES]

[Covered Percentage]

	[Preferred Care]	[Non-Preferred Care]
Prescription Drug Plan Covered Percentage	[[50% - 100%] of the negotiated charge]	[[50% - 100%] of the recognized charge]

The **prescription drug** plan covered percentage is the percentage of **prescription drug covered medical expenses** that the plan pays after any applicable **deductibles** and **copays** have been met.]

PRESCRIPTION DRUG [OUT-OF-POCKET] LIMIT

	[Preferred Care]	[Non-Preferred Care]
[Generic][Brand-Name] Prescription Drug [Out-of-Pocket] Limits	[[[\$200 - \$15,000] Individual] [[[\$400 - \$45,000] Family]	[[[\$200 - \$30,000] Individual] [[[\$400 - \$90,000] Family]

Individual Prescription Drug [Out-of-Pocket] Limit: The plan has limitations set for what **covered persons** are expected to contribute. The plan will pay benefits for **prescription drug covered medical expenses**, as follows:]

[Prescription Drug [Out-Of-Pocket] Limit

When the **covered student's** share [or each of their **covered dependent's** share] of **prescription drug covered medical expenses** reach the **prescription drug [out-of-pocket] limit** in a **[policy year]**, the plan will pay 100% of that person's **prescription drug covered medical expenses** for the rest of the **[policy year]**. The **prescription drug [out-of-pocket] limit** applies to **[preferred care]** and **[non-preferred care] prescription drug covered medical expenses** combined.

[[Preferred Care] Prescription Drug [Out-Of-Pocket] Limit

When the **covered student's** share [or their **covered dependent's** share] of **[preferred care] prescription drug covered medical expenses** reach the **prescription drug [preferred care] [out-of-pocket] limit** in a **[policy year]**, their plan will pay 100% of that person's **[preferred care] prescription drug covered medical expenses** for the rest of the **[policy year]**.

[[Non-Preferred Care] Prescription Drug [Out-Of-Pocket] Limit

When the **covered student's** share [or their **covered dependent's** share] of **[non-preferred care] prescription drug covered medical expenses** reach the **[non-preferred care] prescription drug [out-of-pocket] limit** in a **[policy year]**, their plan will pay 100% of that person's **[non-preferred care] prescription drug covered medical expenses** for the rest of the **[policy year]**.]

[Brand-Name Prescription Drug [Out-Of-Pocket] Limit

When the **covered student's** share [or each of their **covered dependent's** share] of **prescription drug covered medical expenses** reach the **brand-name prescription drug [out-of-pocket] limit** in a **[policy year]**, the plan will pay 100% of that person's **brand-name prescription drug covered medical expenses** for the rest of the **[policy year]**. The **brand-name prescription drug [out-of-pocket] limit** applies to **[preferred care]** and **[non-preferred care] prescription drug covered medical expenses** combined.

[STUDENT ACCIDENT AND SICKNESS INSURANCE]
[SECTION 1 - SCHEDULE OF BENEFITS]
[PRESCRIBED MEDICINES]

[Brand-Name [Preferred Care] Prescription Drug [Out-Of-Pocket] Limit

When the **covered student's** share [or their **covered dependent's** share] of **brand-name [preferred care] prescription drug covered medical expenses** reach the **brand-name prescription drug [preferred care] [out-of-pocket] limit** in a **[policy year]**, their plan will pay 100% of that person's **brand-name [preferred care] prescription drug covered medical expenses** for the rest of the **[policy year]**.

[Brand-Name [Non-Preferred Care] Prescription Drug [Out-Of-Pocket] Limit

When the **covered student's** share [or their **covered dependent's** share] of **brand-name [non-preferred care] prescription drug covered medical expenses** reach the **brand-name [non-preferred care] prescription drug [out-of-pocket] limit** in a **[policy year]**, their plan will pay 100% of that person's **brand-name [non-preferred care] prescription drug covered medical expenses** for the rest of the **[policy year]**.

[Generic Prescription Drug [Out-Of-Pocket] Limit

When the **covered student's** share [or each of their **covered dependent's** share] of **prescription drug covered medical expenses** reach the **generic prescription drug [out-of-pocket] limit** in a **[policy year]**, the plan will pay 100% of that person's **generic prescription drug covered medical expenses** for the rest of the **[policy year]**. The **generic prescription drug [out-of-pocket] limit** applies to **[preferred care]** and **[non-preferred care] prescription drug covered medical expenses** combined.

[Generic [Preferred Care] Prescription Drug [Out-Of-Pocket] Limit

When the **covered student's** share [or their **covered dependent's** share] of **generic [preferred care] prescription drug covered medical expenses** reach the **generic prescription drug [preferred care] [out-of-pocket] limit** in a **[policy year]**, their plan will pay 100% of that person's **generic [preferred care] prescription drug covered medical expenses** for the rest of the **[policy year]**.

[Generic [Non-Preferred Care] Prescription Drug [Out-Of-Pocket] Limit

When the **covered student's** share [or their **covered dependent's** share] of **generic [non-preferred care] prescription drug covered medical expenses** reach the **generic [non-preferred care] prescription drug [out-of-pocket] limit** in a **[policy year]**, their plan will pay 100% of that person's **generic [non-preferred care] prescription drug covered medical expenses** for the rest of the **[policy year]**.

Family Prescription Drug [Out-Of-Pocket] Limit. The plan has limitations set for what the **covered student** and their **covered dependents** are expected to contribute. The plan will pay benefits for **covered medical expenses** as follows:]

[Prescription Drug [Out-Of-Pocket] Limit

[When the **covered student's** share and their **covered dependents** share of **prescription drug covered medical expenses** combined reach the family **prescription drug [out-of-pocket] limit** in a **[policy year]**, their plan will pay 100% of the family's **covered medical expenses** for the rest of the **[policy year]**. The family **prescription drug [out-of-pocket] limit** applies to **[preferred care]** and **[non-preferred care] prescription drug covered medical expenses** combined.

[When [two or more] family members share of **prescription drug covered medical expenses** reach their individual **prescription drug [out-of-pocket] limits** in a **[policy year]**, their plan will pay 100% of the family's **prescription drug covered medical expenses** for the rest of the **[policy year]**. The family **prescription drug [out-of-pocket] limit** applies to **[preferred care]** and **[non-preferred care] prescription drug covered medical expenses** combined.]

[STUDENT ACCIDENT AND SICKNESS INSURANCE]
[SECTION 1 - SCHEDULE OF BENEFITS]
[PRESCRIBED MEDICINES]

[[Preferred Care] Prescription Drug [Out-Of-Pocket] Limit

[When the **covered student's** share and their **covered dependents** share of **[preferred care] prescription drug covered medical expenses** combined reach the family **prescription drug [out-of-pocket] limit** in a **[policy year]**, their plan will pay 100% of the family's **[preferred care] prescription drug covered medical expenses** for the rest of the **[policy year]**.

[When **[two or more]** family members share of **[preferred care] prescription drug covered medical expenses** reach their individual **prescription drug [out-of-pocket] limits** in a **[policy year]**, their plan will pay 100% of the family's **[preferred care] prescription drug covered medical expenses** for the rest of the **[policy year]**.]

[[Non-Preferred Care] Prescription Drug [Out-Of-Pocket] Limit

[When the **covered student's** share and their **covered dependents** share of **[non-preferred care] prescription drug covered medical expenses** combined reach the family **prescription drug [out-of-pocket] limit** in a **[policy year]**, their plan will pay 100% of the family's **[non-preferred care] prescription drug covered medical expenses** for the rest of the **[policy year]**.]

[When **[two or more]** family members share of **[non-preferred care] prescription drug covered medical expenses** reach their individual **prescription drug [out-of-pocket] limits** in a **[policy year]**, their plan will pay 100% of the family's **[non-preferred care] prescription drug covered medical expenses** for the rest of the **[policy year]**.]

[Brand-Name Prescription Drug [Out-Of-Pocket] Limit

[When the **covered student's** share and their **covered dependents** share of **prescription drug covered medical expenses** combined reach the family **brand-name prescription drug [out-of-pocket] limit** in a **[policy year]**, their plan will pay 100% of the family's **brand-name covered medical expenses** for the rest of the **[policy year]**. The family **brand-name prescription drug [out-of-pocket] limit** applies to **[preferred care]** and **[non-preferred care] brand-name prescription drug covered medical expenses** combined.

[When **[two or more]** family members share of **brand-name prescription drug covered medical expenses** reach their individual **prescription drug [out-of-pocket] limits** in a **[policy year]**, their plan will pay 100% of the family's **brand-name prescription drug covered medical expenses** for the rest of the **[policy year]**. The family **brand-name prescription drug [out-of-pocket] limit** applies to **[preferred care]** and **[non-preferred care] prescription drug covered medical expenses** combined.]

[Brand-Name [Preferred Care] Prescription Drug [Out-Of-Pocket] Limit

[When the **covered student's** share and their **covered dependents** share of **[preferred care] prescription drug covered medical expenses** combined reach the family **brand-name prescription drug [out-of-pocket] limit** in a **[policy year]**, their plan will pay 100% of the family's **brand-name [preferred care] prescription drug covered medical expenses** for the rest of the **[policy year]**.

[When **[two or more]** family members share of **brand-name [preferred care] prescription drug covered medical expenses** reach their individual **brand-name prescription drug [out-of-pocket] limits** in a **[policy year]**, their plan will pay 100% of the family's **brand-name [preferred care] prescription drug covered medical expenses** for the rest of the **[policy year]**.]

[STUDENT ACCIDENT AND SICKNESS INSURANCE]
[SECTION 1 - SCHEDULE OF BENEFITS]
[PRESCRIBED MEDICINES]

[Brand-Name [Non-Preferred Care] Prescription Drug [Out-Of-Pocket] Limit

[When the **covered student's** share and their **covered dependents** share of **brand-name [non-preferred care] prescription drug covered medical expenses** combined reach the family **brand-name prescription drug [out-of-pocket] limit** in a **[policy year]**, their plan will pay 100% of the family's **brand-name [non-preferred care] prescription drug covered medical expenses** for the rest of the **[policy year]**.]

[When [two or more] family members share of **brand-name [non-preferred care] prescription drug covered medical expenses** reach their individual **brand-name prescription drug [out-of-pocket] limit** in a **[policy year]**, their plan will pay 100% of the family's **brand-name [non-preferred care] prescription drug covered medical expenses** for the rest of the **[policy year]**.]

[Generic Prescription Drug [Out-Of-Pocket] Limit

[When the **covered student's** share and their **covered dependents** share of **generic prescription drug covered medical expenses** combined reach the family **generic prescription drug [out-of-pocket] limit** in a **[policy year]**, their plan will pay 100% of the family's **generic covered medical expenses** for the rest of the **[policy year]**. The family **generic prescription drug [out-of-pocket] limit** applies to **[preferred care]** and **[non-preferred care] prescription drug covered medical expenses** combined.

[When [two or more] family members share of **generic prescription drug covered medical expenses** reach their individual **generic prescription drug [out-of-pocket] limit** in a **[policy year]**, their plan will pay 100% of the family's **generic prescription drug covered medical expenses** for the rest of the **[policy year]**. The family **generic prescription drug [out-of-pocket] limit** applies to **[preferred care]** and **[non-preferred care] prescription drug covered medical expenses** combined.]

[Generic [Preferred Care] Prescription Drug [Out-Of-Pocket] Limit

[When the **covered student's** share and their **covered dependents** share of **generic [preferred care] prescription drug covered medical expenses** combined reach the family **generic prescription drug [out-of-pocket] limit** in a **[policy year]**, their plan will pay 100% of the family's **generic [preferred care] prescription drug covered medical expenses** for the rest of the **[policy year]**.

[When [two or more] family members share of **generic [preferred care] prescription drug covered medical expenses** reach their individual **generic prescription drug [out-of-pocket] limit** in a **[policy year]**, their plan will pay 100% of the family's **generic [preferred care] prescription drug covered medical expenses** for the rest of the **[policy year]**.]

[Generic [Non-Preferred Care] Prescription Drug [Out-Of-Pocket] Limit

[When the **covered student's** share and their **covered dependents** share of **generic [non-preferred care] prescription drug covered medical expenses** combined reach the family **generic prescription drug [out-of-pocket] limit** in a **[policy year]**, their plan will pay 100% of the family's **generic [non-preferred care] prescription drug covered medical expenses** for the rest of the **[policy year]**.]

[When [two or more] family members share of **generic [non-preferred care] prescription drug covered medical expenses** reach their individual **generic prescription drug [out-of-pocket] limit** in a **[policy year]**, their plan will pay 100% of the family's **generic [non-preferred care] prescription drug covered medical expenses** for the rest of the **[policy year]**.]

[STUDENT ACCIDENT AND SICKNESS INSURANCE]
[SECTION 1 - SCHEDULE OF BENEFITS]
[PRESCRIBED MEDICINES]

[Covered medical expenses That Do Not Apply To The Out-Of-Pocket Limits]

Certain **prescription drug covered medical expenses** do not apply toward the individual **prescription drug** [out-of-pocket] limit and the family **prescription drug** [out-of-pocket] limit. These include:

- Expenses applied toward a **deductible** or **copay** amount.
- Expenses above the **recognized [charge]**.
- Expenses incurred because the **covered person** failed to obtain any necessary [precertification].
- Non-covered medical expenses.]